(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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08/29/22--01017--010 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ROMANDIE K9 STAVICES, UC (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
MARIA L. BUPF (Contact Person)	
(Firm/Company)	<b>22</b> AUG
P.O.Box 437 (Address)	329 PM
Paroma City, FC 32402 (City/Start and Zip Code)	<b>կ։</b> 28
For further information concerning this matter, please call:	
MACIA L. BUFF at (BD) 819-7881 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$\sim \text{\$\subset}\$ \t	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida of State is: Panhandle K9 Stavices, UC	Depar	tment 
2. The Florida document/registration number assigned to this limited liability company	/ is:	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8	<u>25-</u>	-S039
4. I. MARIA L. BUFF, hereby withdraw/resign as a (Print Name of Person Resigning)		
Print Title)		
of this limited liability company and affirm the limited liability company has been no resignation in writing.	otified (	of my
Davia R. Buff	22 AUG	JVI
Signature of Dissociating Member or Resigning Manager	IUG 29	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	PH 4: 2	10 10 10 10 10 10 10 10 10 10 10 10 10 1

### 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000289225

Entity Name: PANHANDLE K9 SERVICES LLC

**Current Principal Place of Business:** 

2917 FAIRMONT DRIVE PANAMA CITY, FL 32405

**Current Mailing Address:** 

2917 FAIRMONT DRIVE PANAMA CITY, FL 32405 US

FEI Number: 84-4061687

Certificate of Status Desired: Yes

**FILED** Feb 07, 2022

Secretary of State

0077387467CC

Name and Address of Current Registered Agent:

BUFF, ADAM J. 2917 FAIRMONT DRIVE PANAMA CITY, FL 32405 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ADAM J. BUFF

02/07/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Name

**AMBR** 

BUFF, ADAM J

Title

**AMBR** 

Name

BUFF, MARIA L

Address

2917 FAIRMONT DRIVE

Address

2917 FAIRMONT DRIVE

City-State-Zip: PANAMA CITY FL 32405

City-State-Zip:

PANAMA CITY FL 32405

t hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADAM J BUFF

PRESIDENT

02/07/2022