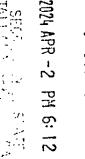


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
YELLOW DOG FARM AND NURSERY LLC SUBJECT:	
Name of Limited Liability	y Company
DOCUMENT NUMBER: L19000007605	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Travis Crabtree	
Name of Person	-
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	-
3 Greenway Plaza #1320	
Address	_
Houston, TX 77046	
City/State and Zip Code	-
samrobinson92785@gmail.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
LegalCorp Solutions, LLC 888 at (at (534-3018
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the u	indersigned,	
LEGALCORP SOLUT	IONS, LLC	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	YELLOW DOG FARM AND NURSERY LLC		
<u></u>	Name of Limited Liability Company		
L190000007605			
Document	Number, if known		
	tion was mailed to the above listed limited liabited and the office discontinued on the 31st day		filed
	Signature of Resigning Ag	2024 APR	<u> </u>
If signing on behalf of an entity:		1	Lange Lange
	Travis Crabtree		
	Typed or Printed Name Member	\$ A S	
	Capacity		

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314