

L190000 46916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

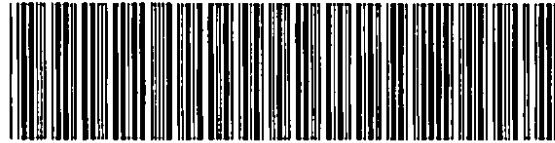
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL
DATE

2019 APR -1 PM 5:14

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04/01/19--01025--028 ***25.00

G. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Canine Carriage, LLC
(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:

Heather L Walker

(Contact Person)

Canine Carriage, LLC

(Firm/Company)

817 Delmar Way, #302

(Address)

Delray Beach, FL 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

Heather L Walker

(Name of Contact Person)

at 561 289-1999
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 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 Department of State is: Canine Carriage, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000046916

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/25/2019

4. I, Willow Martin, hereby withdraw/resign as a
(Print Name of Person Resigning)

MC-R
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2019 APR - 1 PM 5:14
TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE