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COVER LETTER

TO:	_	stration Section				
	Divis	sion of Corporations				
SUBJ	JECT: Lickety Split Pet Transport LLC					
		(Name of Limited Liability Company)				
The er	nclosed	d member, resignation or disso	ociation and fee(s) are submitted for filing.		
Please	return	all correspondence concerni	ng this matter to:			
Kevin	Skies	st				
	.	(Contact Person)	······································	_		
··- as	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)		-		
8324	Midni	ght Pass Road				
		(Address)		-		
Saras	ota, F	L 34242				
		(City/State and Zip Code)		-		
For fu	rther in	nformation concerning this ma	atter, please call:			
Kevin	Skies	st	203	387-5300		
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
	sed ple Filing	ase find a check made payable Fee		epartment of State for: Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
		Section Corporations		Registration Section Division of Corporations		
	Build	•		P.O. Box 6327		
2661 E	Executi	ive Center Circle Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)



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	ı Depart	ment
of State is: Lick	ety Split Pet Transport LLC		<u> </u>	·
2. The Florida doc L1900016458	ument∕registration number ass 5	signed to this limited liability company	v is: 2019 N	
3. The date this me KEVIN SKIE	ember/manager withdrew/resig	gned or will withdraw/resign is:	2019	
(Print N	Vame of Person Resigning)		AM III HI	D
Manager			148	
	(Print Title)	·		
of this limited lia resignation in wr		e limited liability company has been no	otified o	f my
Signature of D	issociating Member or Resign	ing Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			