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~	stration Section sion of Corporations			
SUBJECT:	Scoopy Poopy Doo			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name of	Limited Liabilit	ty Compan	y)
The enclosed	d member, resignation or dis	sociation and	fee(s) are	e submitted for filing.
Please return	n all correspondence concern	ing this matte	er to:	
William Rosac	lo			
	(Contact Person)			
	(Firm/Company)	<u>-</u>		
11556 Bay Ga	rdens Loop			
	(Address)		<u> </u>	
Riverview, FL	. 33569			
-	(City/State and Zip Code)			
For further i	nformation concerning this r	natter, please	call:	
William Rosac	lo	813 at (5(02-9107
(N	lame of Contact Person)	(Area	Code & D	Daytime Telephone Number)
Enclosed plo	ease find a check made payab	ole to the Flor	ida Depa	rtment of State for:
■ \$25 Filin			-	e & Certified Copy
	ng Address: stration Section			eet Address: gistration Section
_	sion of Corporations			ision of Corporations
	Box 6327		The	e Centre of Tallahassee
Talla	hassee, FL 32314			15 N. Monroe Street, Suite 810 llahassee, FL 32303



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)

	limited liability company as by Poopy Doo	s it appears on the records of the l	Florida I	Departm	nent
		ssigned to this limited liability co	. ,		
4. I, William Rosado		signed or will withdraw/resign is:, hereby withdraw/resign as		ω̈́	
Co-Founder/Mana			 .	PK 51 U5	
of this limited-lia resignation in wr		ne limited liability company has b	een noti	fied of i	my
Signature of D	ssociating Member or Resig	ning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				