L20000034290

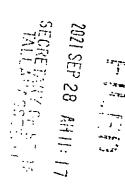
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COVER LETTER

Division of Corporations Das Fellrakete Kennels, LLC SUBJECT: (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: Kenenth Koscicki (Contact Person) Das Fellrakate Kennels, LLC (Firm/Company) 2644 Tree Meadow Loop (Address) Apopka, FL 32712 (City/State and Zip Code) For further information concerning this matter, please call: at (_____) 231-0455 (Area Code & Daytime Telephone Number) Ken Koscicki (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



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)

Das	e limited liability company as Fellrakete Kennels, LLC		ds of the Florida Department	
2. The Florida doc L20000034290	ument/registration number a	ssigned to this limited li	ability company is:	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/	resign is:	
Kenneth Koscieki			hereby withdraw/resign as a	
MGR	wane of t erson Kesigning)			
	(Print Title)			
of this limited lia resignation in wi	ibility company and affirm the riting.	e limited liability comp	any has been notified of my	
			ET !! 2021 SEP 28 SECRETARY	
Signature of D	issociating Member or Resig	ning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			