

L 200000 63772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

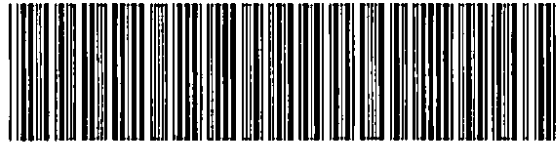
(Business Entity Name)

(Document Number)

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08/23/2021
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2021 AUG 10 AM 6:30
SECRETARY OF STATE
FALL ARIZONA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHI DOGS 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:

SOPHIE BECHO

(Contact Person)

CHI DOGS LLC

(Firm/Company)

6551 NE 22ND. AVE.

(Address)

FORT LAUDERDALE, FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

SOPHIE BECHO

(Name of Contact Person)

954

997-2571

at ()

(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

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



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2021 AUG 10 AM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CHI DOGS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000063772

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/03/2021

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

REGISTERED AGENT AND MGR

(Print Title)

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

MITCH MAY

Signature of Dissociating Member or Resigning Manager

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