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COVER LETTER

SUBJECT: Name of Limited Liabili	ty Company
DOCUMENT NUMBER: L20000075091	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
United States Corporation Agents, Inc.	
Name of Person	_
Legalzoom.com, Inc.	
Name of Firm/Company	_
101 North Brand Blvd. 11th Floor	
Address	_
Glendale, CA 91203	
City/State and Zip Code	_
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
at (773-0888
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provi	sions of section 605.0115, Florida Statutes, the under	rsigned,			
United States Corporation Agents, Inc.		_ , hereby resigns as			
Registered Agent for	Finding Forever Dog Training LLC				_
	Name of Limited Liability Company		•		
L20000075091	,				
Documen	t Number, if known				
	ation was mailed to the above listed limited liability of				
The agency is termin	ated and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which	i this stat	ement	is filed.
If signing on behalf o	of an entity:		TALL	2021 APR	
	Cheyenne Moseley		710	APF	
	Typed or Printed Name		AS:	~	1
	Asst. Secretary for United States Corporation Age	ents, Inc.	EL, ~		, [T]
	Capacity		F STATE FLORIDA	PM 3: 31	Ö
	FILING FEES: \$ 85.00 Active limited liability cor \$ 25.00 Administratively dissolved withdrawn limited liability	d/ voluntarily diss			

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314