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(Requestor's Name)
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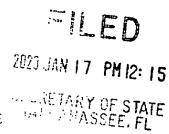
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COVER LETTER

Division of Corporations	
Dog Star Nutrition LLC SUBJECT:	
	d Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Russel Scot Hill	
(Contact Person)	
Dog Star Nutrition LLC	
(Firm/Company)	
10515 Anglecrest Dr	
(Address)	
Riverview FL	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Russel Scot Hill	813 484-4214 at ()
(Name of Contact Person)	(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:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, 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)

	e limited liability company as it appears on the records of the Florida Department STAR NUFRITION LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, LISA MONK	, hereby withdraw/resign as a Name of Person Resigning)
(Print l	Name of Person Resigning)
ADMIN	
	(Print Title)
of this limited lia	ability company and affirm the limited liability company has been notified of my riting.
Maxing	
Signature of D	issociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)