

La1000036723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

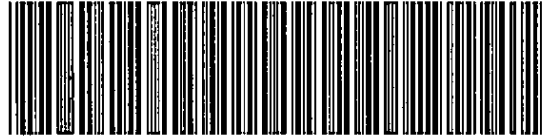
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 16 2021 PM 1:30
TALLAHASSEE, FL

2021 03 16

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2021

AMY BABBITT
4215 MADERIA AVE
SEBRING, FL 33872

SUBJECT: IT'S POTTY TIME LLC
Ref. Number: L21000036723

We have received your document for IT'S POTTY TIME LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for RA change but ernest wilkie is not Registered Agent.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 021A00011242

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ITS POTTY TIME 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:

AMY BABBITT-MUHAMMAD
(Contact Person)

ITS POTTY TIME LLC
(Firm/Company)

4015 MADRIDIA AVE
(Address)

SEBRING FL 33872
(City/State and Zip Code)

For further information concerning this matter, please call:

AMY BABBITT-MUHAMMAD at (267) 298-7386
(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:

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



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: ITS PONY TIME LLC

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

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/28/21

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

VICE PRESIDENT
(Print Title)

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

Ernest Wilkie

Signature of Dissociating Member or Resigning Manager

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