

L210000 515 76

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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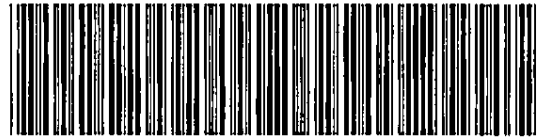
(Business Entity Name)

(Document Number)

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2022 MAR 18 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FL

cf 4/5/2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The DOG HOUSE 2, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L 21000051576

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela Schultz  
Name of Person

The DOG HOUSE 2, LLC  
Name of Firm/Company

6261 So. Suncoast Blvd.  
Address

Homosassa, FL 34446  
City/State and Zip Code

Schultzpam38@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Schultz at (352) 419-4116  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Bruce Halasz

Name of Registered Agent

, hereby resigns as

Registered Agent for

The DOG HOUSE 2, LLC.

Name of Limited Liability Company

L21000051576

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(X) Bruce Halasz

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED  
2022 MAR 18 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

## FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/voluntarily dissolved/  
withdrawn limited liability company

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