La1000a65160

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



300368846143



08/29/21--01007--021 **25.00



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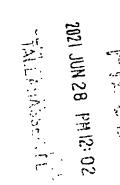


COVER LETTER

| • | stration Section sion of Corporations | | | |
|-----------------------|--|----------------------|---|--|
| SUBJECT: | MARCELA'S PET SITTING SERVICES, LLC (Name of Limited Liability Company) | | | |
| OODGECT. | | | | |
| The enclosed | d member, resignation or dis | ssociation and fee(| s) are submitted for filing. | |
| Please return | all correspondence concert | ning this matter to: | : | |
| Marcela Solis | | | | |
| | (Contact Person) | | _ | |
| MARCELA'S | PET SITTING SERVICES, LLC | | | |
| | (Firm/Company) | | | |
| 5054 Westmin | ister Dr | | | |
| | (Address) | | _ | |
| Fort Myers, Fl | L 33919 | | | |
| · · · · | (City/State and Zip Code) | | _ | |
| For further i | nformation concerning this | matter, please call | : | |
| Marcela Solis | | 954 at (| 793-3317 | |
| (N | lame of Contact Person) | | e & Daytime Telephone Number) | |
| Enclosed plo | ease find a check made paya g Fee | | Department of State for: g Fee & Certified Copy | |
| Regi Divis P.O. | ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303 | |







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| | ument/registration number assigned to this limited liability company is: |
|--|--|
| 1.21000265160 | |
| 3. The date this me | ember/manager withdrew/resigned or will withdraw/resign is: |
| Arden Kennedy 4. L | hereby withdraw/resign as a |
| (Print) | , hereby withdraw/resign as a lame of Person Resigning) |
| Title AMBR | |
| | (Print Title) |
| of this limited lia resignation in wi | bility company and affirm the limited liability company has been notified of my iting. |
| ARDEN KE | |
| | ssociating Member or Resigning Manager |
| | |
| - | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |