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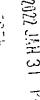
(Requestor's Name)
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COVER LETTER

SUBJECT: Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L22000025185	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitte
Please return all correspondence concerning this matter to	the following:
Michele Hill	
Name of Person	_
Dogfool LLC	
Name of Firm/Company	_
6278 North Federal Highway - #406	
Address	_
Fort Lauderdale, Florida 33308	
City/State and Zip Code	_
susan@greenwaldgroup.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Susan Robinson 305	667-2225
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 provision	ns of section 605.0115.	Florida Statutes, the un	dersigned,	
Andrea Greenwald			, hereby resigns :	10
	Name of Registered Agent		: Hereby resigns a	1.0
Registered Agent for Do	ogfool LLC			
				·
	Name of Limite	d Liability Company		
L22000025185				
Document Nu	mber, it known	_		
A copy of this resignation	on was mailed to the abo	ove listed limited liabili	ty company at its la	st known address.
The agency is terminated	d and the office disconti			th this statement is filed.
If signing on behalf of a	n entity:			
		ed or Printed Name		2022 JULI 31
		Capacity		3/
	FILING FI \$ 85.00 \$ 25.00	E ES: Active limited liability Administratively dissol withdrawn limited liab	company lvcd/ voluntarily dis pility company	ssolved/

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