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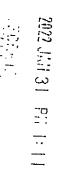
(Requestor's Name)	_			
_				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				
<u> </u>	_			

Office Use Only



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01/31/22--01026--001 **135.00



COVER LETTER

Division of Corporations	
Dogfool LLC SUBJECT:	
	ed Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Michele Hill	
(Contact Person)	
Dogfool LLC	
(Firm/Company)	
6278 North Federal Highway - #406	
(Address)	
Fort Lauderdale, Florida 33308	
(City/State and Zip Code)	
For further information concerning this matter,	, please catt:
Susa Robinson	305 667-2225 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
	□ \$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)

1. The name of the of State is:	e limited liability company a	as it appears on the records of	of the Florida Department
2. The Florida doc L22000025185	rument/registration number a	assigned to this limited liabi	ility company is:
Andrea Grasses	ember/manager withdrew/re ald Name of Person Resigning)		
of this limited lia resignation in w	94 cm 6 (1)		y has been notified of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	gning Manager	2022 JAN 31 PA