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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	#)
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COVER LETTER

TO: Registration Section Division of Corporations

INHS17 (2/14)

_{SUBJECT:} LaLa's F	recious Paws Pet Concierge LLC		
DOCUMENT NUMBER:	Name of Limited Liability Company L22000175446		
	f Registered Agent for a Limited Liability Company and fee are subr	nitte	ed
Please return all correspond	ence concerning this matter to the following:		
United States Corporatio	ர் Agents, Inc.		
Name	of Person		
Legalzoom.com, Inc.			
Name of I	Firm/Company		
9900 Spectrum Dr.		22 (: : : :
A	ddress	73(
Austin, TX 78717		<u>ــ</u>	
City/State	and Zip Code	<u>></u>	-
raresignations@legalzoo	m.com	۶. ۵۵	
E-mail address: (to be used	for future annual report notification)	ر	ž
For further information con-	cerning this matter, please call:		
	800 773-0888		
Name of Pers	on Area Code Daytime Telephone Number		
Enclosed is a check made p liability company or \$25.00 liability company.	avable to the Florida Department of State for \$85.00 for an active lin for an administratively dissolved, voluntarily dissolved or withdraw	nitec n Iir	d mited
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 605.0115. Florida Statutes, the unde	ersigned.	
United States Corporation	Agents, Inc.	, hereby resigns as	
· · · · · · · · · · · · · · · · · · ·	Registered Agent	, ,	
Registered Agent for LaLa's P	recious Paws Pet Concierge LLC		
			-
	Name of Limited Liability Company		_,
L22000175446			
Document Number, if k	nown		
	e office discontinued on the 31st day after Signature of Resigning Agent	, ,	
If signing on behalf of an entity:		22	<u>.</u> 2
Chey	enne Moseley	22 OCT 13	Ē.:
	Typed or Printed Name	<u> </u>	폭달
Asst. S	ecretary for United States Corporation A	gents, Inc.	<u> </u>
	Capacity	8: 00	PUSICIONE CHO LAVILH
	FILING FEES: \$ 85.00 Active limited liability of S 25.00 Administratively dissolve withdrawn limited liability of S 25.00 Active limited liability of S 25.00 A	/ed/ voluntarily dissolved/	
Make	checks payable to Florida Department of	State and mail to:	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314