L23000202579

(Red	uestor's Name)				
(Add	lress)				
,	•				
(A.J.					
(Add	lress)				
(City	/State/Zip/Phone	#)			
PICK-UP	MAIT	MAIL			
(Rus	iness Entity Nami	e)			
(888)	micos Entry Harm	~,			
(Doc	rument Number)				
Certified Copies	Certified Copies Certificates of Status				
Special Instructions to F	iling Officer:				
Innah					
Lmilt					

Office Use Only



900418157309

10/31/23--01022--022 **25.00



COVER LETTER

SUBJECT: Doug's Dogs LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000202579	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

Division of Corporations

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 provisi	ons of section 605.01	15, Florida Statutes, the under	signed,			
United States Corporation Agents, Inc.		nc.	, hereby resigns as			
Name of Registered Agent			thereby reorgina to			
Registered Agent for	Doug's Dogs LLC					
	Name of Lin	nited Liability Company			,	
L23000202579						
Document N	lumber, if known					
A copy of this resignat	ion was mailed to the	above listed limited liability of	company at its last	t known ac	ldress.	
The agency is terminat	ed and the office disco	ontinued on the 31st day after	the date on which	ı this state	ment is	filed.
lf signing on behalf of	an entity:					
	Cheyenne Mos	eley				
	Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.		ents, Inc.	TALI SEG	2023 OCT	
		Capacity			OCT 31	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit	d/ voluntarily diss	solved/	科1:15	

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