

L23000275009

(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.M.I.S.

Office Use Only



400429325964

05/13/24--01000--001 *\$25.00

FILED
2024 MAY 13 PM 12:44
SECURITY
FALL 2024

THE LAW OFFICES OF CARTER J. ADAMS

May 1, 2024

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

**RE: All Creatures Animal Removal Services, LLC
Statement of Fact & Resignation
Document Number: L23000275009**

To Whom It May Concern:

Please find a notarized Statement of Fact signed by our client, Annie L. Saussy. We ask that you please remove our client as manager retroactive from the effective date of June 6, 2023, as she had no knowledge of this LLC being filed as it was filed by her brother, Jimmy Foster, who did this without her knowledge.

If you cannot use the Statement of Fact to remove our client from Manager from June 6, 2023, please find enclosed a Dissociation or Resignation of Member, Manager From Florida or Foreign Limited Liability Company form signed by our client, Annie L. Saussy along with our check in the sum of \$25.00 for filing fees.

If you have any questions or comments, please feel free to contact our office.

Sincerely,

The Law Office of Carter J. Adams



Cricket Hudson
Legal Assistant

/cmh
Enclosures



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 limited liability company as it appears on the records of the Florida Department of State is: ALL CREATURES ANIMAL REMOVAL SERVICES, LLC

2. The Florida document/registration number assigned to this limited liability company is: L23000275009

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/06/2024

4. I, Annie L. Saussy, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

STATEMENT OF FACT

STATE OF FLORIDA

COUNTY OF POLK

I, the undersigned, being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

1. That I have no affiliations with the Florida Limited Liability Company named ALL CREATURES ANIMAL REMOVAL SERVICES, LLC. Document Number: L23000275009.

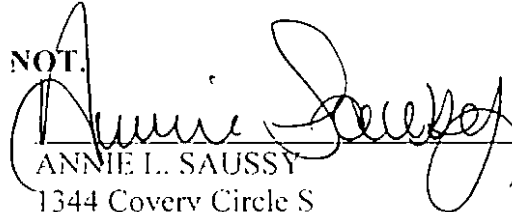
2. That I am listed on ALL CREATURES ANIMAL REMOVAL SERVICES, LLC, as a Manager, without my knowledge or consent.

3. That I only learned of being listed as a manager of ALL CREATURES ANIMAL REMOVAL SERVICES, LLC on March 14, 2024.

4. That I do not reside at 419 Vineyard Drive, Lakeland, FL 33809.

5. That I do not occupy 419 Vineyard Drive, Lakeland, FL for any business purposes whatsoever.

FURTHER AFFIANT SAYETH NOT.


ANNIE L. SAUSSY
1344 Covey Circle S
Lakeland, FL 33809

SWORN TO AND SUBSCRIBED

Before me this 1st day of May, 2024,

Elsie M. Hudson

NOTARY PUBLIC FOR FLORIDA

Printed name: ELSIE M. Hudson

My Commission expires: Feb 10, 2026

