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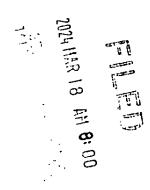
(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name)		
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Certified Copies	_ Certificates of	f Status		
Special Instructions to	Filing Officer:			
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Whiskers and Wags Pet Services	, LL.C.
(Name of	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
Pamela Stubblebine	
(Contact Person)	
Whiskers and Wags Pet Services, LLC.	
(Firm/Company)	
4003 Palladian Way	
(Address)	
Melbourne, FL 32904	
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
Pam Stubblebine	at () 943-0873 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	ole to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:

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

Registration Section Division of Corporations The Centre of Tallahassee 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)

Whiel	limited liability company a	as it appears on the records of the	ne Florida Department
2. The Florida docu £23000363537	ument/registration number	assigned to this limited liability	
4. I,	inc	esigned or will withdraw/resign, hereby withdraw/resign	. 8
Manager	(Print Title)		8: 00
of this limited lia resignation in wr		the limited liability company ha	is been notified of my
Signature of Di	ssociating Member or Resi	igning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		