L240000 30654



(Requestor's Name)			
(Address)			
(Address)			
(13333)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Bootinoin Lines)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
<u> </u>			

Office Use Only



100437460061

10/03/24--01014--003 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
Groom Van Go Professional Mobile P	et Grooming LLC
	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to:
Michelle A. Bartruff	
(Contact Person)	
Groom Van Go Professional Mobile Pet Grooming Ll	J.C
(Firm/Company)	
18506 Walker Road	
(Address)	
Lutz. FL 33549	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Michelle A. Bartruff	321 794-7387 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	•
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
•	Tallahassee, FL 32303

CR2E079 (2/14)



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)

	limited liability company as	- •	ds of the Florida Department
2. The Florida doct L24000030654	ument/registration number as	ssigned to this limited I	iability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw.	/resign is: 8/1/2024
4. I, John Battersby (Print Name of Person Resigning)		, hereby withdraw/resign as a	
(Print N VP	lame of Person Resigning)		
	(Print Title)		
of this limited lia resignation in wr		e limited liability comp	pany has been notified of my
Signature of Di	issociating Member or Resig	ning Manager	262,007
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		