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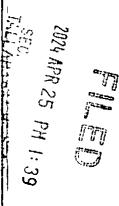
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations FRESH PAWS MOBILE GROOMING LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: MAURICIO A PENALVER ARENAS (Contact Person) FRESH PAWS MOBILE GROOMING LLC (Firm/Company) 118 SE 7TH STAPT 410 (Address) HALLANDALE BEACH, FL 33009 (City/State and Zip Code) For further information concerning this matter, please call: MAURICIO A PENALVER ARENAS 286-9913 (Name of Contact Person) (Area Code & Davtime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: **■** \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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)

| 1. The name of the of State is: | limited liability company as | it appears on the records of t | he Florida Department |
|--|---|---|--------------------------------|
| 2. The Florida doci | limited liability company as an arrangement/registration number assumber/manager withdrew/resignation | signed to this limited liabilit | y company is 2021 AP |
| 4. I. ARQUIMEDES (Print N MGR | J GUTIERREZ SANTIAGO 'ame of Person Resigning) | gned or will withdraw/resign, hereby withdraw/resig | -0 ¹¹ ¹⁰ |
| of this limited lia resignation in wr | bility company and affirm the iting. ssociating Member or Resign | | as been notified of my |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | 1 |