

M20 000 00 3059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

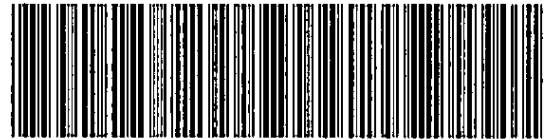
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2021 SEP 17 PM 3:30

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cc  
Resignation

SEP 10 2021  
1 ALBRIGHT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GOOFY MOOSE, LLC

(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:

RICHARD AND JENNIFER ZIELINSKI

(Contact Person)

GOOFY MOOSE LLC

(Firm/Company)

1410 LAKE ARIANA BOULEVARD

(Address)

AUBURNDALE, FL 33823

(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER ZIELINSKI

907

399-2094

at ( )

(Name of Contact Person)

(Area Code & Daytime 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:**

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



2021 SEP 17 PM 3:30

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)

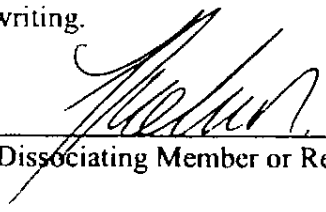
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: GOOFY MOOSE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
M20000003059

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JULY 1, 2021

4. I, JENNIFER L. ZIELINSKI, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MEMBER  
(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)