(R	equestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B)	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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K. Brumbley

### **CORPORATE** ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WALK IN

PICK UP:

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	XX	CERTIFIED COPY	
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	XX	FILING	FOREIGN LLC
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SPE	CIAI	L INSTRUCTIONS:	

### PET PROS, LLC, dba in Florida as PET PROS (FLA) LLC 19400 144<sup>th</sup> Ave. NE, Ste. E Woodinville, WA 98072

January 2, 2025

To Whom it May Concern:

I am the CEO of Pet Pros, LLC and I am submitting Articles of Dissolution for Pet Pros (FLA) LLC. I hereby state that I will not revoke the dissolution for Pet Pros (FLA) LLC.

Sincerely,

Michael Scitz, CEO

#### COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Pet Pros. LLC. Pet Pros (FLA) LLC	С
., 2 ., 0 .,	···	Name of Limited Liability Company
		iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.
Please r	eturn all correspondence concerning this	matter to the following:
	Ke	elli Madden
		Name of Person
	Carney Badley Spelln	nan, PS
		Firm/Company
	701 Fifth Ave., Suite 360	00
		Address
	Seattle, WA 98104	
		City/State and Zip Code
	sbrown@earthwisepet.c	
	E-mail addres	ss: (to be used for future annual report notification)
For furt	her information concerning this matter, pl	lease call:
	Kelli Madden	at (206) 607-4115
	Name of Contact Perso	on Area Code Daytime Telephone Number
	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
	Enclosed is a check for the following an Please make check payable to: FLORID	DA DEPARTMENT OF STATE

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Vashington					C," or "L1.C."
	hich foreign limited liability company is organized)	3	(FEI numb	er, if applicable)	
·	(Date first transacted business in Florida, if prior to 18ce sections 603 0904 & 605,0905, F.S. to determine	registration.)	}		
19400 144th Ave. NE.	Ste. E	Same 6			
t Address of Principal Office)		0.	Mailing Address)		
Voodinville, WA 9807	72				
				<u> </u>	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accept	able)	·	
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	<u>NOT</u> accept	able)	1 (%) 1 (%) 1 (%)	200
	C T Corporation System	NOT accept	able)	187   87   1	2025 1841
Name and <u>street addres</u> Name:	C T Corporation System	NOT accept	able)	· · · · · · · · · · · · · · · · · · ·	
	C T Corporation System	NOT accept	able) -	· · · · · · · · · · · · · · · · · · ·	FILED FILED
Name:	C T Corporation System  1200 South Pine Island Road  Plantation		- - 33324	· · · · · · · · · · · · · · · · · · ·	
Name:	C T Corporation System  1200 South Pine Island Road		_	A SEC PLOY	
Name: Office Address:	C T Corporation System  1200 South Pine Island Road  Plantation  (City)			A SEC PLOY	-3 PHID: I
Name: Office Address: istered agent's accep	C T Corporation System  1200 South Pine Island Road  Plantation  (City)	process for th	- 33324 _ Florida (Zip code) e above stated limited i	liability company	-3 PH 12: 16 vat the pla

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: NPM Franchising, LLC Scott Brown ■ Manager □ Manager Name: Address: \_\_\_\_\_ 19400 144th Ave NE, Ste. E Address: \_\_\_\_\_ **■**Member □Member Woodinville, WA 98072 □ Authorized ■Authorized Woodinville, WA 98072 Person Person Other \_\_\_\_ □Other\_\_\_\_ □Other\_\_\_ □ Other\_\_\_\_\_ Name: Michael Seitz Name: \_\_\_\_\_ □Manager □Manager 19400 144th Ave NE, Ste. E Address: □Member □Member Woodinville, WA 98072 Authorized □ Authorized Person Person □Other □Other\_\_\_\_ □Other □Other\_\_\_\_\_ Name: \_\_\_\_\_ Name: □Manager □Manager □ Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other □Other Other □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Michael Scitz Signature of an authorized person

Michael Seitz

Typed or printed name of signee





# Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

**OF** 

#### PET PROS, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/19/2021.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 12/30/2024 UBI Number: 604 787 705

STATE OF WASHING

Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

then R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 12/30/2024