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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

RA. Resign

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Doggie Day Care and Spa of Naples Inc. (Name of Corporation)
DOCUMENT NUMBER: P 0 6 0000 5 0 5 8 9
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ben; amin Brown (Name of Person)
(Name of Firm/Company)
1395 Panther Lane, Ste. 300 (Address)
Naples FL 34109 (City/State and Zip Code)
For further information concerning this matter, please call:
Teanie Wenhold (Name of Person) at (239) 659-5024 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Naples -Law dock Inc. (Name of Registered Agent)	
hereby resigns as Registered Agent for <u>Ooggie Day Care and Soa of Nades Inc</u> . (Name of Corporation)	ı
P06000050589	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
Crysed or Printed Name)	
(1 yped or Printed Name)	27346
(Capacity) (Typed or Printed Name) Via - President (Capacity) (Capacity) (Capacity)	
(Capacity)	Ŋ
	j
Fee for filing this document:	
\$87.50 - Active corporation	
\$35.00 - Administratively dissolved/voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation