

L 04000031437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

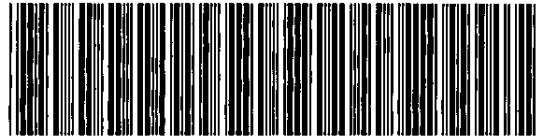
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500098757535

05/03/07--01043--015 \*\*85.00

FILED  
07 MAY -3 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Roy  
5-3-07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EQUUS FARMS, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L04000031437

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HOWARD B. NADEL

(Name of Person)

HOWARD B. NADEL, P.A.

(Name of Firm/Company)

301 W. HALLANDALE BEACH BLVD.

(Address)

HALLANDALE BEACH, FLORIDA 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

HOWARD B. NADEL

(Name of Person)

at ( 954 ) 455-5100

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**NATIONAL FUNDING CORP.**

(Name of Registered Agent)

Registered Agent for

**EQUUS FARMS, LLC**

(Name of Limited Liability Company)

**L04000031437**

(Document Number, if known)

**FILED**  
**07 MAY -3 AM 9:12**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31<sup>st</sup> day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

**JOSEPH FRIDES**

(Typed or Printed Name)

**PRESIDENT**

(Capacity)

### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/voluntarily dissolved/  
withdrawn limited liability company

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