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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to I | Filing Officer: | |
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SECRETARY OF STATE

APPROVED.

COVER LETTER

| Division of Corporations | |
|--|---|
| SUBJECT: Carousel Dresson (Name of Limited I | IJE, L.L.C, Liability Company) |
| Dear Sir or Madam: | |
| The enclosed Resignation of Member, Managing Member | mber or Manager and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matt | er to the following: |
| Emeline S. Adwers (Name of Person) | |
| (Firm/Company) | |
| 20 River Terrace, #25 | <u>sc</u> |
| New York, NY 1028Z (City/State and Zip Code) | , |
| For further information concerning this matter, please | e call: |
| Emeline S. Adwers at (Name of Person) | (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount: | |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy |

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, Emeline S. Advers, hereby resign as managing member |
|--|
| of <u>Carousel Dressage</u> , L.L.C. (Limited Liability Company) |
| (Limited Liability Company) |
| a limited liability company organized under the laws of the State of Florida, |
| and affirm that the limited liability company has been notified in writing of the resignation. |
| |
| Emeline S. adwers |
| (Signature of resigning manager, managing member or member) |

FILING FEE IS \$25.00

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

SECRETARY OF STATE

