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Florida Department of State

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REGISTRATION SECTION

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FAX NO. 17273434059

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	on 608.416(2) or 608.509, Florida Statutes, the undersigned,	
Resident Agent Corp	pration of Pinellas County , hereby resigns as	
Name of F	egistered Agent	
Registered Agent for	Erie Egyestrian Center, LLC	
	Name of Limited Liability Company	
L05000094103		
Document Number, if kn	Wn	
A copy of this resignation was mu	iled to the above listed limited liability company at its tast known address.	
The agency is terminated and the	office discontinued on the 31st day after the date on which this statement is filed	L
	Signature of Resigning Agent	
If signing on behalf of an entity:		
	HOWKED P. DOSS	
	Typed or Printed Name SLORE TARY OF STALLAHASSEE, FLORE TALLAHASSEE,	