# L07000024679

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**B. BOSTICK** 

FEB 21 2011

**EXAMINER** 

### **COVER LETTER**

SUBJECT:F	Pleasant Hill Riding Ce Name of Limited Liability	nter, LLC Company		
DOCUMENT NUMBER:	L070000	24679		
The enclosed Resignation of Refor filing.	egistered Agent for a Limited	Liability Company and fee are	submi	tted
Please return all correspondence	e concerning this matter to th	ne following:		
Caroline J. Lac Name of I	ey-Freeman Person			
Pleasant Hill Ridir	ng Center, LLC			
Name of Firm	/Company	SEL	=	
2290 Gun		SEUKL DAS SI	FEB 18	- 454444
Kissimmee, City/State and		SEE, FLORIDA		Contract Con
E-mail address; (to be used for f	uture annual report notification)	RIDA	50	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

For further information concerning this matter, please call:

Caroline J. Lacey-Freeman

Name of Person

TO:

Amendment Section
Division of Corporations

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

Area Code & Daytime Telephone Number

# 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,	
Kathleen J.	Lacey-Freeman, hereby resigns as	
	egistered Agent	
Registered Agent for	Pleasant Hill Riding Center, LLC	
	Name of Limited Liability Company	
L0700002467		
Document Number, if kr	wn	
A copy of this resignation was m	iled to the above listed limited liability company 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 fi	iled.
	Signature of Resigning Agent	
If signing on behalf of an entity:	Signature of Resigning Agent	) }
<del> </del>		カ フ
	Typed or Printed Name	
<del></del>	Capacity	

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