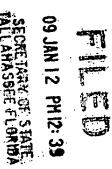
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Special Instructions to F	iling Officer:	
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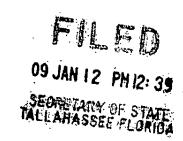
Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: USA ThatOughbar (Name of Limited I	
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Lawa Payuser (Contact Person)	
USA Thanughbreds LL	<u>C</u>
8397 NW H6 F4 ST (Address)	
Occilo XI 34487 (City/State and Zip Code)	<u> </u>
For further information concerning this matter, p	lease call:
Name of Contact Person) at (352) 643-0200 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
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

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it appears on the records of the Florida Department 15A Thorough breds LLC.
	lity company was organized under the laws of:
3. The Florida docu	ment/registration number of this limited liability company is:
L08000	074375
4.1, <u>Lauro</u>	hereby resign as a MGMR (Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Signature of Resi	gning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)