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(Н	Requestor's Name)		
(A	(ddress)		
(A	Address)		
•			
(C	City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
•			
(P	Business Entity Name)		
(2	damesa Emily Hame,		
(L	Pocument Number)		
Certified Copies	fied Copies Certificates of Status		
Special Instructions to	Eiling Officer		
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Office Use Only

G. MCLEOD

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EXAMINER



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SECRETARY OF CHARLES



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability company as it as	opears on the records of the Flor	ida Department
of State is:	ortore Horse	International I	70
2. This limited liab	ility company was organized und	ler the laws of: -	,
3. The Florida docu	ment/registration number of this	limited liability company is:	
1-080	CE168000	•	
4. I, POCK	ama of Person Resigning)	, hereby resign as a Resident	THE HOST MOT
of this limited lial resignation in wr	pility company and affirm the lin	nited liability company has been	notified of my
Kubla			
Signature of Resi	gning Member, Managing Memi	per or Manager	O
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Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		5 3 3 3 3 3 3 3 3 3 3
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