## L10000012459

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE
AND ASSECT FOR INC.

J. BRYAN

SEP 1 9 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: US Equestrian Insu	rance LLC  f Limited Liability Company)	
· ·		
filing.	er or manager resignation and fee(s) are submitted for	
Please return all correspondence concer	ning this matter to:	
Dr Scott Swerdlin		
(Contact Person)		
US Equestrian Insurance LLC	SECR SECR	
(Firm/Company)	五門で、	
13125 Southfields Rd	SEP 16 PH 1: 14 SECRETARY OF STATE SECRETARY OF SECRETARY OF STATE SECRETARY OF SECRETAR	
(Address)		
Wellington, FL 33414	ROPE TO THE TO THE ROPE TO THE	
(City/State and Zip Code)		
For further information concerning this	matter, please call:	
Dr. Swerdlin	at (561) 793 1599	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made paya	able to the Florida Department of State for: \$55 Filing Fee &	
<b>▼</b> 323 1 milg 1 cc	Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

Tallahassee, Florida 32301

CR2E079 (5/06)



## 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 apports of State is: US Equestrian Insurance, LL	·
2. This limited liability company was organized unde Florida	er the laws of:
3. The Florida document/registration number of this L10000012459	
<sub>4. I,</sub> Michael Hanuschak	hereby resign as a President
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the limi resignation in writing.	ted liability company has been notified of my
Total Queedle M.	magine Membel
Signature of Resigning Member, Managing Member	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)