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COVER LETTER

Division of Corporations			
SUBJECT: Harmonize Your Horse	, LLC		
	ited Liability Company)		
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for		
Please return all correspondence concerning	this matter to:		
Ashley Schairer			
(Contact Person)	The state of the s		
Harmonize Your Horse, LLC	ALLAHASSEE FLANT		
(Firm/Company)			
905 E Pennsylvania Ave			
(Address)			
DeLand, FI 32724	on (rr)		
(City/State and Zip Code)			
For further information concerning this matter	er, please call:		
Ashley Schairer	at (386) 740-0963		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to			
✓ \$25 Filing Fee	\$55 Filing Fee &		
	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

	l liability company as it ap ze Your Horse, LLC		the Florida Department
2. This limited liability co Florida	mpany was organized und	er the laws of:	O PH # 22
3. The Florida document/r	registration number of this	limited liability compar	ny is:
T11000030	1155		
4. I, Ashly Soll (Print Name of I	NOWLY Person Resigning)	, hereby resign as a N	(Print File)
of this limited liability or resignation in writing.	ompany and affirm the lim	nited liability company h	as been notified of my
Mah	Member, Managing Memb	per or Manager	
7			
_	5.00 (Required) 0.00 (Optional)		