

U110000064536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900213171529

10/17/11--01029--007 \*\*110.00

FILED  
2011 OCT 17 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
OCT 18 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Equusports Events, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Romero M.

Name of Person

Equusports Events, LLC

Firm/Company

15300 SW 82nd. Ave.

Address

Palmetto Bay, FL 33157

City/State and Zip Code

danielromero\_m@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Romero M.

Name of Person

at ( 786 )

262 4473

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$35.00 Filing Fee &

Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee

Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
Office Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 OCT 17 PM 12:16

FILED



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

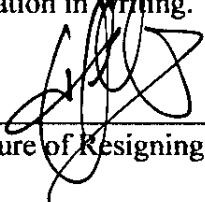
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Equusports Events, LLC.

2. This limited liability company was organized under the laws of:  
State of Florida.

3. The Florida document/registration number of this limited liability company is:  
L11000064536.

4. I, Felix A. Ovalle, hereby resign as a MGRM  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2011 OCT 17 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA