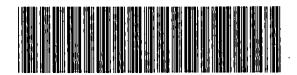
L11000120458

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



800241131208

11/19/12--01001--001 **25.00

TO ACKHONLEDGE SUFFICIENCY OF FILING RECEIVED
DEFARIHENT OF STATE
DIVISION OF CORPORATION

12 NOV 16 PM 2: 00



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 Sentach Equine,		of the Florida Department	
	ility company was organized	l under the laws of:		
	ument/registration number of	f this limited liability comp	oany is:	
(1 / 1/11/14	WHITFIELD Iame of Person Resigning) bility company and affirm the iting.		(e C
Signature of Res	igning Member, Managing N	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		12 NOV 16 RM 2: SECHLIANASSEE, FLO	

CR2E079 (5/06)