

L12000004772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

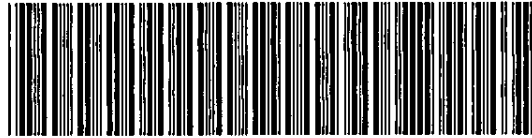
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE
APR - 3 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dogwood Equestrian Group LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jennifer Jackson Barnett

(Contact Person)

Dogwood Equestrian Group LLC

(Firm/Company)

6260 Dogwood Way

(Address)

Naples FL 34116

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Jackson Barnett

(Name of Contact Person)

at (239) 2894400

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: Dogwood Equestrian Group LLC
2. This limited liability company was organized under the laws of: Florida
3. The Florida document/registration number of this limited liability company is: L12000004772

I, Thomas Gilhooly hereby resign as a Manager

(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of
resignation in writing.

Thomas Gilhooly 3-21-12
Signature of Resigning Member, Managing Member or Manager

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

2012 APR -2 PM 1:34
CLERK OF STATE
TALLAHASSEE, FLORIDA