

L13000089378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

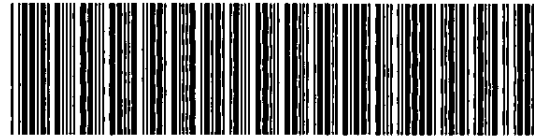
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

(#25
inactive)

Office Use Only



500259800745

05/30/14--01008--015 **85.00

FILED
OFFICE OF STATE
CLERK
14 MAY 30 PM 4:47

RA/RES
@ 6/10/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Horse Farm 305, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000089378

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Blanco

Name of Person

Name of Firm/Company

11870 SW 51 Street

Address

Miami, FL 33175

City/State and Zip Code

carango727@gmail.com

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

For further information concerning this matter, please call:

Maria Blanco at (305) 216-6861

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Maria Blanco, hereby resigns as
Name of Registered Agent

Registered Agent for Horse Farm 305, LLC

Name of Limited Liability Company

L13000089378

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Maria Blanco
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
14 MAY 30 PM 4:47