

213000107218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

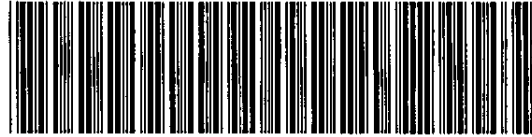
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 20 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GUARDIAN EQUINE PRODUCTS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 413000107218

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:

John B. HAGGIN
Name of Person

Name of Firm/Company

7535 Gordon Rd, Bldg A
Address

Riviera Beach, FL 33404
City/State and Zip Code

SCOTTOW@MISSGEILORACING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT CORTON at (561) 963-3438
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ROBERT M. PASTOR

Name of Registered Agent

, hereby resigns as

Registered Agent for GUARDIAN EQUINE PRODUCTS, LLC

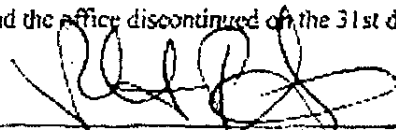
Name of Limited Liability Company

413000107218

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.



Signature of Resigning Agent

ROBERT M. PASTOR

If signing on behalf of an entity:

Robert Pastor

Typed or Printed Name

MEMBER

Capacity

2014 FEB 19 PM 12:55
FILED
TALLAHASSEE, FLORIDA

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