## L1500055094

(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



500271036265

04/06/15--01008--002 \*\*25.00

15 APR -6 PH I2: 57
SEGRETAR OF STATE
TALLAHASSEEL FLORIDA

B Tadlock APR 2.1 2015

## COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	CARSON JAMES HORSEMANSHIP LLC			
	(Name of Limited Liability Company)			
The enclosed	I member, resignation or dissocia	ation and fee(	s) are submitted for filing.	
Please return	all correspondence concerning	this matter to:		
ERNEST L	EE			
	(Contact Person)		_	
ERNEST L	EE LLP			
	(Firm/Company)		<del>-</del>	
14548 1821	nd STREET			
, ,,	(Address)		_	
McALPIN, I	FL 32062			
	(City/State and Zip Code)		<del></del>	
For further in	nformation concerning this matte	er, please call:		
ERNEST L	EE	386	951-5564	
(N	ame of Contact Person)		& Daytime Telephone Number)	
Enclosed ple \$25 Filing	ase find a check made payable to g Fee		Department of State for: g Fee & Certified Copy	
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as	s it appears on the records of the Florida Department
of State is: CA	RSON JAMES HORSEMA	ANSHIP LLC
2. The Florida doo L1500005509		ssigned to this limited liability company is:
		signed or will withdraw/resign is: 03/27/2015
4. I, ERNEST LEE  (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	
MEMBER/ M		
	(Print Title)	
of this limited lie resignation in w		ne limited liability company has been notified of my
Signature of L	issociating Member or Resig	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	• • •	