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## **COVER LETTER**

Division of Corporations
SUBJECT: PENSACOLA SPOR HORSE, LLC  Name of Limited Liability Company
DOCUMENT NUMBER: LISOW 128953
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:
MATGIE MEYOK, CPA Name of Person
MARGIE MEYEK CPA PA  Name of Firm/Company
301 ST. CHTRISTOPHER ST. Address
PENSACOLA, FL 32534 City/State and Zip Code
MMCPA C MMCPA, 6CCOXMAIL. COM

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

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

at ( 850 ) 503 - 2783

Area Code Daytime Telephone Number

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the under	rsigned,
KATE CAHIU  Name of Registered Agent	, hereby resigns as
Maine of Registered Agent	
Registered Agent for PEUSACULA SPOR HORSE,	uc
	<u> </u>
Name of Limited Liability Company	·,
L15000128953	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability of	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.
Poto Cololl	No.
Signature of Resigning Agent	
If signing on behalf of an entity:	AUG TO STANKE ST
	\$
Typed or Printed Name	
Capacity	ALE RIDA

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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