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COVER LETTER

Divis	sion of Corporations			
SUBJECT:	Horses Being Horses, Ll	.C		
(Name of Limited Liability Company)				
The enclosed	d member, resignation or dis	sociation and fee	(s) are submitted for filing.	
Please return	all correspondence concern	ing this matter to	y;	
Christine H	endler			
	(Contact Person)		_	
Horses Bei	ng Horses, LLC			
	(Firm/Company)		_	
1950 SW T	railside Run			
	(Address)			
Śłuart, FL 3	34997			
	(City/State and Zip Code)			
For further in	nformation concerning this r	natter, please call	l:	
Jennifer D.	Sharpe	954 at (334-2250	
(N	ame of Contact Person)		de & Daytime Telephone Number)	
Enclosed ple \$25 Filing	ase find a check made payab g Fec		Department of State for: ng Fee & Certified Copy	
STREET/C	OURIER ADDRESS:		MAILING ADDRESS:	
Registration			Registration Section	
Division of C Clifton Build	•		Division of Corporations P.O. Box 6327	
	ive Center Circle		Tallahassee, Florida 32314	

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



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	limited liability company as i	t appears on the records of the Florida Depa	rtment
Hors	ses Being Horses, LLC	: <u>↑</u>	<u>.</u>
	ument/registration number ass	igned to this limited liability company is:	na in in in
3. The date this me	mber/manager withdrew/resig	med or will withdraw/resign is:	+ AH 10: 34
Christopher S	Schuman	hereby withdraw/resign as a	بان بر
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a	-
Manager			
	(Print Title)		
resignation in wri		limited liability company has been notified in the liability company	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		