## L17000132928

(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:				
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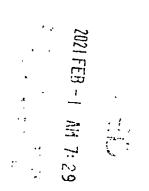
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## **COVER LETTER**

TO: Registration Section **Division of Corporations** CASEY MOORE CUITING HORSES, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fec(s) are submitted for filing. Please return all correspondence concerning this matter to: Casey Moore (Contact Person) CASEY MOORE CUTTING HORSES, LLC (Firm/Company) 16930 NE 75th St. (Address) WILLISTON, FL 32696 (City/State and Zip Code) For further information concerning this matter, please call: 299-7705 352 Casey Moore (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy ☐ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 CASE	limited liability company as Y MOORE CUTTING HORSES.	it appears on the records of the LLC	Florida Department
of State is:			·
2. The Florida docu 1.17000132928	ment/registration number as	signed to this limited liability c	ompany is:
		<del></del> '	January 28, 2021
Annette Kindli M	ocere	gned or will withdraw/resign is	
4. I,		, hereby withdraw/resign a	is a
(Print No Manager	ame of Person Resigning)		
	Print Title)		
of this limited liab resignation in wri	oility company and affirm the	e limited liability company has	been notified of my
Signature of Di	Kudh Morre ssociating Member or Resig	ning Manager	
Digitate 0.			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
CR2E079 (2/14)			