L17000 144943

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(6:5-)	10k-k- (7)- 10k	40
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Certified Copies	Certificates	Oi Otatus
Special Instructions to F	iling Officer	
Special instructions to 1	iling Officer.	





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COVER LETTER

TO: Regis Divis	stration Section sion of Corporations		
SHRIFCT:	Murphy Stables, LLC		
501001.	Name of Lin	iited Liability	Company
DOCUMEN	T NUMBER: L17000144943	- - .	
The enclosed for filing.	I Resignation of Registered Agent (for a Limited	Liability Company and fee are submitted
Please return	all correspondence concerning this	s matter to th	e following:
United Stat	es Corporation Agents, Inc.		
	Name of Person		
Legalzoom	.com, Inc.		
	Name of Firm/Company		
101 North E	Brand Blvd. 11th Floor		
	Address		
Glendale, 0	CA 91203		
	City/State and Zip Code		
raresignation	ons@legalzoom.com		
E-mail ad	dress: (to be used for future annual report	notification)	
For further in	nformation concerning this matter.	please call:	
Jazmine Jo	phnson	800	773-0888 Daytime Telephone Number
	Name of Person at	Area Code	Daytime Telephone Number
Enclosed is a liability com liability com	i check made payable to the Florida pany or \$25.00 for an administrativ	n Department vely dissolved	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provis	ions of section 605.0115, Florida Statutes, the unde	ersigned,	
United States Cor	poration Agents, Inc.	, hereby resigns as	•
	Name of Registered Agent	· ····································	<u>a</u>
Registered Agent for Murphy Stables, LLC		<u> </u>	i
	Name of Limited Liability Company		(9
L17000144943			တ
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liability	company at its last know	wn address.
·	tion was mailed to the above listed limited liability ted and the office discontinued on the 31st day after the second se		
·	ted and the office discontinued on the 31st day after Classic Company of Resigning Agent		
The agency is termina	ted and the office discontinued on the 31st day after Classic Company of Resigning Agent		
The agency is termina	Club Signature of Resigning Agent an entity:		
The agency is termina	Signature of Resigning Agent an entity: Cheyenne Moseley	er the date on which this	

Make checks payable to Florida Department of State and mail to:

Division of Corporations

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

P.O. Box 6327 Tallahassee, FL 32314