

L18000118589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

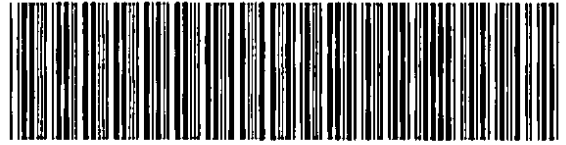
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JAN 30 2023

A. LUNT

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2023 JAN 30 AM 11:27

FILED
JAN 30 2023
JAN 30 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMES BURTWELL DRESSAGE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000118589

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:

JUDY WHITE

Name of Person

MANY HAPPY RETURNS

Name of Firm/Company

5300 N US HWY 27 ; STE B

Address

OCALA, FL 34482

City/State and Zip Code

MHRTAXES@GMAIL.COM

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

For further information concerning this matter, please call:

JUDY WHITE

Name of Person

at (

859

)
Area Code

358-3635

Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2023 JAN 30 AM 11:27

FILED
JAN 30 2023
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

JUDY WHITE

Name of Registered Agent

, hereby resigns as

Registered Agent for JAMES BURTWELL DRESSAGE, LLC

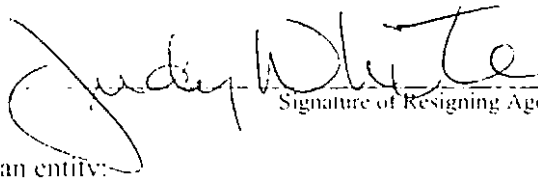
Name of Limited Liability Company

L18000118589

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability 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.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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

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