## L18000193206

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Equus Sports LLC	
Name of Limited Liabil	ty Company
DOCUMENT NUMBER: L18000193206	· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Sandy Nadler	
Name of Person	_
c/o Cindy Bovay	
Name of Firm/Company	<del></del>
13168 Halifax Court	
Address	<del>-</del>
Wellington, FL 33414	
City/State and Zip Code	<del>-</del>
Beige17@hotmail.com	
E-mail address: (to be used for future annual report notification)	<del>)                                    </del>
For further information concerning this matter, please call	:
Sandy Nadler 561	3411070
Name of Person Area Coc	3411070  de Daytime Telephone Number
Enclosed is a check made payable to the Florida Departme liability company or \$25,00 for an administratively dissol- liability company.	ent of State for \$85.00 for an active limited wed, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: STD	FFT ADDDFSS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

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

Pursuant to the provisions	s of section 605.011.	5, Florida Statutes, the u	ndersigned.			
Richard S. Tolbert	t, hereby resigns as					
1	Name of Registered Ager	nt	thereto, resign	5 45		
Registered Agent for Eq	uus Sports LLC	<del></del>	<del></del>			_
<del>-</del>	Name of Lim	ited Liability Company	<del> </del>			_•
	TALLIE WE WANT	med that my company				
L18000193206						
Document Nun	iber, if known					
A copy of this resignation						
The agency is terminated	and the office disco	ntinued on the 31st day Signature of Resigning Age	/	hich this sta	tement i	is filed.
If signing on behalf of an	entity:					
					20	
	T	yped or Printed Name	· · · · · · · · · · · · · · · · · · ·	•	- : - : - :	
-	<del></del>	Capacity			ري	•
						• •
	<b>FILING</b> \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss withdrawn limited lia	y company olved/ voluntarily ability company	dissolved/	6: 45	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314