

L18000235154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

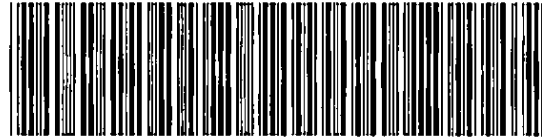
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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#25

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2019 JUL 26 10:51

Resignation

JUL 26 2019  
I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 5 STAR STABLES LLC.  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ALBERTO ACOSIA  
(Contact Person)

5 STAR STABLES LLC  
(Firm/Company)

4601 SW 128 AV. SOUTHWESTWOOD.  
(Address)

SOUTHWEST RANCHES 33330  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERTO ACOSIA at (786) 521 9484  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2019

ALBERTO ACOSTA  
5 STAR STABLES LLC  
4601 SW 128 AVE  
SOUTHWEST RACHE, FL 33330

SUBJECT: 5 STAR STABLES LLC  
Ref. Number: L18000235154

We have received your document for 5 STAR STABLES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 519A00014313

RECEIVED  
2019 JUL 25 PM 2:11  
BUREAU  
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2013  
JUL 10: 51

**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 it appears on the records of the Florida Department of State is: S STAD STABLES. LLC

2. The Florida document/registration number assigned to this limited liability company is:

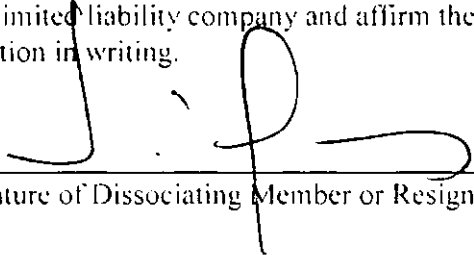
L18000235154

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/20/2014

4. I, JORGE CARDENAS, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)