L19000201347

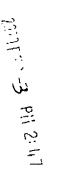
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	

Office Use Only



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JAN 2 1 2021

LALBRITTON

COVER LETTER

TO: Registration Section	•
Division of Corporations	
The Ocala Horse Alliance, LLC SUBJECT:	
	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
RSDiMaria	
(Contact Person)	
RSD Media Group, LLC	
(Firm/Company)	
9081 NE Jacksonville Road	
(Address)	
Anthony, FL 32617-1302	
(City/State and Zip Code)	
For further information concerning this matter.	please call:
RSDiMaria	203 984-8585
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne Florida Department of State for:
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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)

	limited liability company as it appears on the records of the Florida Department OCALA HORSE ALLIANCE, LLC
2. The Florida doc L19000201347	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
nen Madia Zan	
MANAGER	
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)