# L19000271249

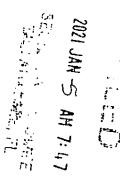
(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Doc	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to F	iling Officer:			

Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Little Saddles Pony Tours LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L19000271249	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
United States Corporation Agents, Inc.	
Name of Person	-
Legalzoom.com, Inc.	
Name of Firm/Company	-
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at ( <u>800</u>	773-0888
Name of Person Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the	e undersigned.			
United States Corp	oration Agents, Inc.	, hereby resigns as		20	
	Name of Registered Agent			27 .	٠,
Registered Agent for Li	ittle Saddles Pony Tours LLC			2021 JAN	د دمی
· · · -				7	; (*)
Name of Limited Liability Company			45 (C)	<u> </u>	312
L19000271249			اه ا است است این	1.4.7	
Document Nu	umber, if known		;	rı	
A copy of this resignation	on was mailed to the above listed limited lia	ability company at its last k	nown adi	dress.	
The agency is terminate	ed and the office discontinued on the 31st da		his staten	nent is f	iled.
If signing on behalf of a	nn entity:				
	Cheyenne Moseley				
	Typed or Printed Name				
	Asst. Secretary for United States Corporat	ion Agents, Inc.			
	Capacity				

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

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