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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
MR EQUINE SERVICES LLC SUBJECT:		
	ted Liability Cor	трапу)
The enclosed member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please return all correspondence concerning t	his matter to:	
FERNANDA SILVA		
(Contact Person)		_
A&F FINANCIAL LLC		
(Finn/Company)	······································	-
4851 W HILLSBORO BLVD, STE#A2		
(Address)		_
COCONUT CREEK, FL 33073		
(City/State and Zip Code)		
For further information concerning this matte	er, please call:	
FERNANDA SILVA	754 at (205-9371
(Name of Contact Person)	- \- \	: & Daytime Telephone Number)
Enclosed please find a check made payable to S25 Filing Fee		Department of State for: g Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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)

1. The name of the limited liability company as it appears on the records of State is: MR EQUINE SERVICES LLC	of the Florida Department
2. The Flc.ida document/registration number assigned to this limited liabi	lity company is:
3. The date this member/manager withdrew/resigned or will withdraw/resigned	ign is:
4. I, RICARDO GUIMARAES DOS SANTOS , hereby withdraw/res	rign as a
AMBR	
(Print Title)	
of this limited liability company and affirm the limited liability company resignation in writing.	has been notified MPR 26
Signature of Dissociating Member or Resigning Manager	PM 4: 1

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