

L22000230517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

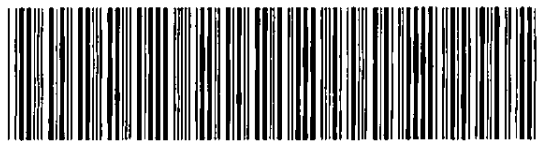
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT -7 PM 3:43
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jupiter Farms Equestrian
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Pistor
Name of Person

Firm/Company

1800 S Ocean Dr, Apt 10-3
Address

Fort Lauderdale, FL 33316
City/State and Zip Code

BLPISTOR@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Pistor at (954) 600-4730
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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



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 the Florida Department of State is: Jupiter Farms Equestrian, LLC

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

88-4137494

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9.30.24

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

Treasurer
(Print Title)

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

Barbara Lynn Pistor

Signature of Dissociating Member or Resigning Manager

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

2024 OCT -7 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FL