

L22000501967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

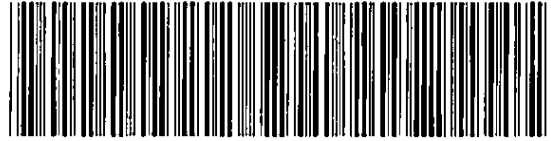
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400415378674

dissociation or resignation
of member/manager

09/15/23--01004--002 **25.00

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2023 AUG 18 AM 8:41
CLERK OF SUPERIOR COURT
STATE OF MICHIGAN

A. RAMSEY
SEP 15 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JADE MEADOWS EQUINE TRAINING AND SERVICES 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:

Donna M. LESPIER
(Contact Person)

(Firm/Company)

PO Box 701983
(Address)

SAINT CLOUD, FL 34770
(City/State and Zip Code)

For further information concerning this matter, please call:

DONNA M. LESPIER at (407) 701-7234
(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

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

August 18, 2023

DONNA LESPIER
PO BOX 701983
SAINT CLOUD, FL 34770

SUBJECT: JADE MEADOWS EQUINE TRAINING AND SERVICES, LLC
Ref. Number: L22000501967

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We received your resignation with a copy of the front of your check. The document has not been processed yet. If you are able to go ahead and send me a copy of the front and back of the check I can go ahead and process the document. I need the validation numbers from the back of the check in order to process the document.

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.

Annette Ramsey
OPS

Letter Number: 423A00019067



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2023 AUG 18 AM 8:41
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: JADE MEADOWS EQUINE TRAINING AND SERVICES, LLC

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

122000501967

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/15/2023

4. I, DARLENE D. WILKES, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

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

Darlene D. Wilkes

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)