## 123000009132

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
/Bi	cinese Entity Nam	ne)			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
J DENNIS					
DEC 1 - 2023					

Office Use Only



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## • COVER LETTER

TO:	: Registration Section			
	Divis	sion of Corporations		
SUBJE	ECT:	CENTRAL FLORIDA EQUINE S		
		(Name of L	imited Liability Co	mpany)
The en	closed	I member, resignation or disso	ociation and fee(	s) are submitted for filing.
Please	return	all correspondence concernir	ig this matter to:	
Kristen	Schlus	emeyer		
		(Contact Person)		_
Central .	Florida	Equine Solutions, LLC		
	•	(Firm/Company)		_
1299 Ol	d mim	s Rd		
		(Address)		_
Geneva,	FL 32	732		
		(City/State and Zip Code)	<u> </u>	_
For fur	ther in	nformation concerning this ma	itter, please call:	
Kristen	Schlus	emeyer	<b>4</b> 07 at (	779-6075
	(N	ame of Contact Person)		& Daytime Telephone Number)
Enclose	ed ple	ase find a check made payable	e to the Florida I	Department of State for:
□ \$25	Filin	g Fee	□ \$55 Filin	g Fee & Certified Copy
	X # *11*			Stanot Address
		ng Address: stration Section		Street Address: Registration Section
	_	sion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee
		hassee, 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
		gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is:
4. 1, Adam Fitzgerald (Print Name of Person Resigning)		
Title Mgr	•	
-	(Print Title)	
of this limited lial resignation in wr		limited liability company has been notified of my
Signature of Di	issociating Member or Resigni	ng Manager
	\$25.00 (Required) \$30.00 (Optional)	