M1000004398

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
, PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500267564995

12/18/14--01019--020, **87.50

14 DEC 18 AM 5: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND STEED

T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Riding Star Ranch, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N10000004398

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas Canter

(Name of Person)

(Name of Firm/Company)

6018 Winding Ridge Lane

(Address)

Port Orange, Fl. 32128

(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas Canter

ູ_{າ (}386 \ 848-1242

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Douglas Canter
(Name of Registered Agent)
hereby resigns as Registered Agent for Riding Star Ranch Inc.
(Name of Corporation)
N1000004398
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
}
<u>'</u>

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIG

AND