

N 94000005721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

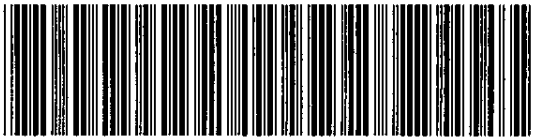
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300141391713

01/20/09--01026--018 **35.00

FILED
09 JAN 20 PM 4:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

Off Resign
There is
1-21-09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2009

CAROL JACOBS
14232 86TH ROAD NORTH
LOXAHATCHEE, FL 33470

SUBJECT: ACREAGE HORSEMANS ASSOCIATION, INC.
Ref. Number: N94000005721

The fee to resign as officer/director for a corporation is \$35 per person resigning.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 109A00000631

Mrs. Carol Jacobs
14232 86th Road North
Loxahatchee, FL 33470

FILED
09 JAN 20 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 5, 2009

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: ACREAGE HORSEMANS ASSOCIATION, INC.

Filing Information

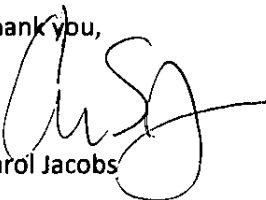
Document Number N94000005721

FEI Number 593301192

To Whom it May Concern:

I would like to removed my name and address as the Vice President of the Acreage Horsemans Association effective immediately as I have submitted by written resignation in to its membership and its officers.

Thank you,


Carol Jacobs