P 9900055488

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | idress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | ə #) |
| PICK-UP | | MAIL |
| (Bı | isiness Entity Nan | ne) |
| (Dc | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| <u> </u> | | |
| | Office Use Onl | Ív. |



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UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

October 5, 2004

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Ocala Thoroughbred Farms, Inc.

Filing Evidence

- ☑ Plain/Confirmation Copy
- □ Certified Copy

Retrieval Request

- □ Photocopy
- □ Certified Copy

□ Certificate of Status

- □ Certificate of Good Standing
- □ Articles Only
- □ All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- \Box Other

| NEW FILINGS |
|-----------------------|
| Profit |
| Non Profit |
| Limited Liability |
| Domestication |
| Other |

| OTHER FILINGS |
|-------------------|
| Annual Reports |
| Fictitious Name |
| Name Reservation |
| Reinstatement |

| | AMENDMENTS |
|---|------------------------------------|
| | Amendment |
| x | Resignation of RA Officer/Director |
| | Change of Registered Agent |
| | Dissolution/Withdrawal |
| | Merger |

| REGISTRATION/QUALIFICATION |
|----------------------------|
| Foreign |
| Limited Liability |
| Reinstatement |
| Trademark |
| Other |

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, <u>NATIONSCORP REGISTERED AGENTS, INC.</u> (Name of Registered Agent) hereby resigns as Registered Agent for <u>OCALA THOROUGHBRED FARMS, INC.</u> (Name of Corporation)

P99000055488

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

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The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Wes. (Signature of Resigning Agent)

If signing on behalf of an entity:

ED HAND

(Typed or Printed Name)

PRESIDENT

(Capacity)

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