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TRANSMITTAL LETTER

SUBJECT: Vo-LaSalle Farms, Inc. (Name of Corporation) **DOCUMENT NUMBER:_** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Steven S. Crump (Name of Person) Vo-LaSalle Farms, Inc. (Name of Firm/Company) 601 Johnson Lake Rd. (Address) Deleon Springs, FL 32130 (City/State and Zip Code) For further information concerning this matter, please call: Steven Crump (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

Amendment Section

Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Arthur Bruce Crump	, hereby resign as	Preside	Ont (Title)		<u></u>	, ÷ ,
of_	Vo-LaSalle Farms, Inc. (Name of Corpora	ation)	<u></u>	<u></u> .		° ē	** <u>-</u> **_
	(Document Number, if known)	oration organized ur	nder the la	aws of the Sta	ite of		
FI	orida		-	. – .		* = 1	.m = .
	Aufus B (Signature o	of resigning officer/direct	Ctor)	nf	TALLAH	nr eo	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314