L150000 62219

(I	Requestor's Name)		
(,	Address)		
(,	Address)		
(1	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(1	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions	to Filing Officer:		

Office Use Only



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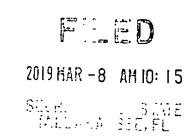
COVER LETTER

CR2E079 (2/14)

	gistration Section vision of Corporations	•	
SUBJEC'			
	(Name of Li	mited Liability Cor	npany)
The enclo	sed member, resignation or dissoc	ciation and fee(s	s) are submitted for filing.
Please ret	arn all correspondence concerning	g this matter to:	
Lindsey	Hernandez		
	(Contact Person)		-
Farm Fre	esh Sod LLC		
	(Firm/Company)		_
1032 N \	Vashington Blvd		
	(Address)		_
Sarasota	a, FL 34236		
	(City/State and Zip Code)	.	_
For furthe	r information concerning this mat	ter, please call:	
Lindsey	Hernandez	94 1	358-8101
	(Name of Contact Person)		& Daytime Telephone Number)
Enclosed \$25 Fil	please find a check made payable ing Fee		Department of State for: g Fee & Certified Copy
Registration of Clifton Bu 2661 Exec	COURIER ADDRESS: on Section of Corporations ailding cutive Center Circle see, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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)

of State is:		
2. The Florida document/registration number assigned to this limited liability compan L15000062219	ny is:	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/3	31/18	
4. I. Lindsey Hernandez (Print Name of Person Resigning), hereby withdraw/resign as a		
Member		
(Print Title)		
of this limited liability company and affirm the limited liability company has been resignation in writing.	otified of my	
Signature of Dissociating Member or Resigning Manager		
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		