## LIL GOGO OF MID

(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
Certified Copies	_ Certificates	of Status	
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JUN 01 2016 J SHIVERS

## **COVER LETTER**

TO: Registration Section Division of Corporations	·
SUBJECT: WONDER FARM LLC	
(Name of Limited Liabil	ity Company)
The enclosed member, resignation or dissociation and	l fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to:
JOHN P. MAAS, ESQ.	
(Contact Person)	
JOHN P. MAAS, ATTORNEY AT LAW	
(Firm/Company)	
44 NE 16 STREET	
(Address)	
HOMESTEAD, FL 33030	
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
JOHN P. MAAS at (	5 247-7132
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo  ■ \$25 Filing Fee  □ \$55	rida Department of State for: Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



## 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)

	limited liability company a	as it appears on the records of the Florida Department
2. The Florida docu L1600000941	_	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is: 03/15/16
MANGEM	ONG	, hereby withdraw/resign as a
AMBR		
of this limited lia resignation in wr		the limited liability company has been notified of my gning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	gining Manager