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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FARM-A-CEUTICALS, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
KEITH ST. GERMAIN (Contact Person)
FARM-A-CEUTICALS, LLC (Firm/Company)
16990 S.W. 266th TERRACE (Address)
HOMESTEAD, FLORIDA 33031 (City/State and Zip Code)
For further information concerning this matter, please call:
KEITH ST. GERMAIN at (305) 246-9610 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \$55 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)

1. The name of the	limited liability company	as it appears on the rec	ords of the Flor	ida De	partme	ent
of State is:	FARM-A-CEU	TICALS, LLO	<u></u>			_•
2. The Florida docu	ment/registration number	assigned to this limited	d liability comp	any is:		
L170002	44072	·				
3. The date this men	nber/manager withdrew/r	esigned or will withdra	nw/resign is: $\sqrt{2}$	une a	27, 2	018
4. I. DYLAN (Print No.	ST. GERMAIN ume of Person Resigning)	, hereby withdr	aw/resign as a			
MANAS	ER Prim Title)					
of this limited liab resignation in wri	oility company and affirm ting.	the limited liability co	mpany has been	notific	ed of n	ıy
Defar	St. Lumoin			·		
Signature of Dis	ssociating Member or Res	signing Manager		2-	2010	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			CAHASSEELFLORI	8 JUL -5 AM 8:09	
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