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PICK-UP	WAIT	MAIL
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Certified Copies Certificates of Status		
Special Instructions to Fi	ling Officer	
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

SOUTHERN SEEDS FARMING LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSVALDO RAIMONDO

(Name of Person)

SOUTHERN SEEDS FARMING LLC

(Firm/Company)

486 FISHTAIL TERRACE

(Address)

WESTON, FLORIDA 33327

(City/State and Zip Code)

For further information concerning this matter, please call:

OSVALDO RAIMONDO

,612

385-1506

(Name of Person)

(Area Code & Daytime Telephone Number)

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

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Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy

□ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SOUTHERN SEEDS FARMING LLC
(Name of limited liability company)
NEVADA STATE
(Jurisdiction of its organization)
M1300000595
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
486 FISHTAIL TERRACE
(Mailing address)
WESTON, FLORIDA 33327
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
OSVALDO RAIMONDO
(Typed or printed name of signee)

Filing Fee: \$25.00