

L01000002114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

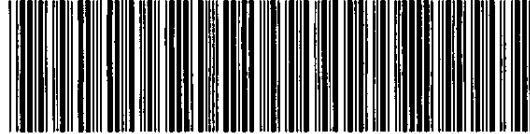
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/17/15--01026--017 **50.00

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15 JUL 17 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 20 2015

CLERK OF COURT



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July 14, 2015

Registration Section.
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

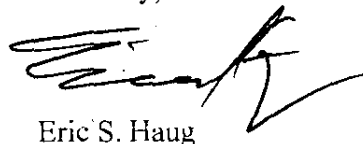
RE: The Farm, LLC

Enclosed please find Articles of Amendment and Dissociation or Resignation of a Member for filing. Please return all correspondence concerning this matter to me at the above address. Please also use the above email address for future annual report notifications.

Also enclosed is check number 2223 in the amount of \$50.00 in payment of both filing fees.

Please do not hesitate to call if you have any questions and thank you in advance for your attention to this matter.

Sincerely,



Eric S. Haug

Enclosures



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 records of the Florida Department of State is: The Farm, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L01000002114

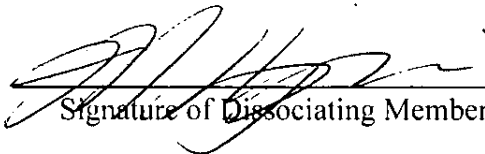
3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 8, 2015

4. I, Millard J. Noblin, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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