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SECREVAN (OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY - 9 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: HER Packing & Sales Co LLC (Name of Limited Liability Company)				
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Robert J. Hamilton III (Contact Person)				
Har Packing & Sales Co LLC (Firm/Company)				
Fort Pierce FL. 34949 (City/State and Zip Code) (Firm/Company) (City/State and Zip Code)				
Fort Pierce FL. 34949 (City/State and Zip Code)				
For further information concerning this matter, please call:				
RJ Hamilton at (772) 216-1670 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327				

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as it appears on the reco	
of State is: 1-1 8	&R Packing & Sales Co.	LLC.
	3	
2. This limited liabil	ity company was organized under the laws of:	
Florida		
	ment/registration number of this limited liability	company is:
	00 269 35	
4. I, Robert (Print Nat	J. Hamilton III, hereby resign a me of Person Resigning)	is a Managing Menber
of this limited liabi resignation in writi	ility company and affirm the limited liability coning.	npany has been notified of my
<u> 19</u>	172	ASSET 6
Signature of Resig	ning Member, Managing Member or Manager	PH 7:
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	7: 42 3TATE ORIDA