## 103000014/69

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

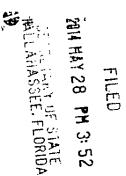
Office Use Only



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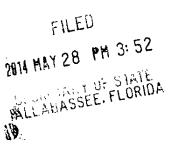
## **COVER LETTER**

TO: Regis	stration Section		
Divis	ion of Corporations		
SUBJECT:	Quail Roost Tree Farms, LL		
	(Name of Lim	nited Liability Cor	npany)
The enclosed	member, resignation or dissoci	iation and fee(s	s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Jason Lieb	ling		
	(Contact Person)		_
Medallion			
	(Firm/Company)		_
27805 SW	197 Avenue		
	(Address)		_
Homestead	i, FL 33031		
	(City/State and Zip Code)		_
For further in	nformation concerning this matt	er, please call:	
Jason Lieb	ling	305 at (	278 9192 _)
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple \$25 Filing	ase find a check made payable t g Fee		Department of State for: g Fee & Certified Copy
Registration Division of C Clifton Build 2661 Execut	Corporations		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 as it appears on the records of the Florida Department il Roost Tree Farms, LLC
2. The Florida doct	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: May 19, 2014
Dichard Darl	
Manager	(Print Title)
	bility company and affirm the limited liability company has been notified of my
Signature of D	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)