

LD3000048202

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.
Account Number : I19980000057
Phone : (850) 973-4186
Fax Number : (850) 973-8564

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FULL CIRCLE DAIRY, LLC**

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S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

((16000276791 3)))

TO: Registration Section
Division of Corporations

SUBJECT: FULL CIRCLE DAIRY, 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:

GERALD R. GARLAND

(Contact Person)

FULL CIRCLE DAIRY, LLC

(Firm/Company)

1479 SE WINQUEPIN ST.

(Address)

LEE, FLORIDA 32059

(City/State and Zip Code)

For further information concerning this matter, please call:

GERALD R. GARLAND

(Name of Contact Person)

at ()

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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

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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: FULL CIRCLE DAIRY, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L03000048202

3. The date this member/manager withdraw/resigned or will withdraw/resign is: _____

4. I, BLESY'S DAIRY, LLC, 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.

x Michael A. Blesy

Signature of Dissociating Member or Resigning Manager

MICHAEL A. BLESY, as Manager of Blesy's Dairy, LLC

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

16 NOV -9 AM 9:46

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: FULL CIRCLE DAIRY, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L03000048202

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

4. I, LEE MILK CO., LLC, 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.

A handwritten signature in black ink, appearing to read "Gerald Garland", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

GERALD GARLAND, as Manager of Lee Milk Co., LLC

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

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TALLAHASSEE, FLORIDA