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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Division of Corporations		
SUBJECT: FARMS ARE US, LLC (Name of Limited Liability Company)		
The enclosed member, managing member or manager resignation and fee(s) are submfiling.	itted for	r
Please return all correspondence concerning this matter to:		
JOHN C. STANTON (Contact Person)		
(Firm/Company)	ĮĄ. ĮĄ.	07
911 EMERALD AUE. (Address)	ECRETIV	FEB 2:
FORT PIERCE, FL 34945 (City/State and Zip Code)	Secretary of State Allahassee, Florida	07 FEB 23 AM 10: 08
For further information concerning this matter, please call:	14	
TOHN C. STANTON at (561) 758-6788 (Name of Contact Person) (Area Code & Daytime Telephone Number)	per)	
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 Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Tallahassee, Florida 32314	4	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it a of State is: Farms Are Us, LL		of the Florida De	epartmen	ıt
2. This limited liability company was organized un	der the laws of:			
FLORIDA	<u>_</u> .	ZΩ	07	
3. The Florida document/registration number of thi	is limited liability com 	ECRETARY OF LAHASSEE. FL	FEB 23 AM	FLED
4. I, JOHN C. STANTON (Print Name of Person Resigning)	_, hereby resign as a _	MGRMDA (Print Title)	AH 10: 08	
of this limited liability company and affirm the li- resignation in writing.	mited liability compan	y has been notifi	ed of my	1
A				
Signature of Resigning Member, Managing Mem	iber or Manager			

\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: