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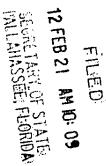
(Requestor's Name)	_
(Address)	_
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(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
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EXMUNER EXMUNER K.SALY

RECEIVED Requester's Name 12 FES 21 PM 3: 46 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Walk in Certificate of Status Mail out ☐ Will wait ☐ Photocopy **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director ☐ Not for Profit Limited Liability Change of Registered Agent Domestication ☑ Dissolution/Withdrawal Other Merger REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report □ Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials

COVER LETTER

SUBJECT:	Blackberry Hill Farms, LLC			
	Name of Limited Liability Company			
DOCUMENT NUMBER:	k:L04000005549			
The enclosed Resignation of Restor filing.	sistered Agent for a Limited Liability Company and fee are submitte			
Please return all correspondence	concerning this matter to the following:			
Garvin B. B	owden			
Name of Po				
Gardner, Bist, W				
Name of Firm/	Company			
1300 Thomasw				
Addres	S			
Tallahassee, Flo	orida 32308			
City/State and	Zip Code			
garvin@gbwl E-mail address: (to be used for fu	egal.com ture annual report notification)			
For further information concerni	ng this matter, please call:			
Garvin B. Bowden Name of Person	at (850) 385-0070 Area Code & Daytime Telephone Number			
Enclosed is a check made payabliability company or \$25.00 for a limited liability company.	e to the Florida Department of State for \$85.00 for an active limited in administratively dissolved, voluntarily dissolved or withdrawn			

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509	, Florida Statutes, the undersigned,	FILE 821
	Garvin B. Bowden	, hereby resigns as	ENLED MOOS
	Name of Registered Agent		700
Registered Agent for	Blackber	ry Hill Farms, LLC	3
			000
	Name of Limited Liability Co	ompany	 ,
L0400	0005549		
	umber, if known		
	ed and the office discontinued on the	This is a state of the date of which the date of	
If signing on behalf of a	in entity:		
	Typed or Printed N	Name	
	Capacity		

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314