

LD4000028655

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

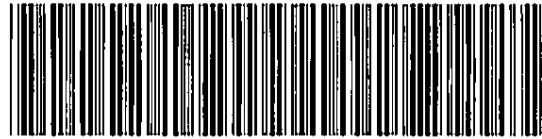
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/09/21--01019--007 \*\*25.00

RECEIVED  
2021 JUN -9 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 JUN 11 AM 9:05

FILED

Resignation

JUN 14 2021  
J ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CCL FARMS, 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:

STACY SMALL

\_\_\_\_\_  
(Contact Person)

SMITH THOMPSON SHAW

\_\_\_\_\_  
(Firm/Company)

3520 THOMASVILLE ROAD - 4TH FLOOR

\_\_\_\_\_  
(Address)

TALLAHASSEE, FL 32309

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

STACY SMALL at ( 850 ) 893-4105  
\_\_\_\_\_  
(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 ☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2021

STACY SMALL  
SMITH THOMPSON SHAW  
3520 THOMASVILLE ROAD - 4TH FLOOR  
TALLAHASSEE, FL 32309

SUBJECT: CCL FARMS, LLC  
Ref. Number: L04000028655

We have received your document for CCL FARMS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the date of resignation in the space provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 621A00012767

TALLAHASSEE, FL

2021 JUN 11 AM 11:40

RECEIVED



FILED  
2021 JUN 11 AM 9:05  
RECEIVED  
TALLAHASSEE, FLA

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: CCL FARMS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L04000028655

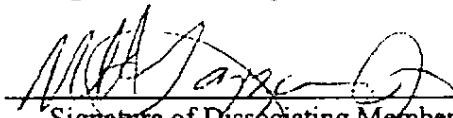
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/8/2021

4. I, RICHARD LAZZARINI, JR., hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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