

05/06/2009 08:27

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FOX & RAMUNNI, P.A.

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Division of Corporations

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LO40000 73299

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : FOX & RAMUNNI, P.A.  
Account Number : I20070000156  
Phone : (863) 675-4646  
Fax Number : (863) 675-4174

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TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

SEXTON BROS. FARMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

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5/7/09  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SEXTON BROS. FARMS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L04000073299

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN A RAMUNNI  
Name of Person

FOX & RAMUNNI, P.A.  
Name of Firm/Company

110 N MAIN STREET  
Address

LABELLE, FL 33935  
City/State and Zip Code

STEVE@FOXRAMUNNI.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN A. RAMUNNI at ( 863 ) 675-4646  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
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 provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

STEVEN A. RAMUNNI

Name of Registered Agent

, hereby resigns as

Registered Agent for

SEXTON BROS. FARMS, LLC

Name of Limited Liability Company

L04000073299

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed 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

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