

LD5000011573

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.
Account Number : 119980000057
Phone : (850) 973-4186
Fax Number : (850) 973-8364

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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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
I. JOHNSON AND SONS DAIRY, LLC

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COVER LETTER

((H14000269287 3))

TO: Registration Section
Division of Corporations

SUBJECT: I. JOHNSON AND SONS 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:

MICHAEL TROY JOHNSON
(Contact Person)

I. JOHNSON AND SONS DAIRY, LLC
(Firm/Company)

17901 168TH STREET
(Address)

LIVE OAK, FLORIDA 32060
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL TROY JOHNSON at 388 776-2508 / 362-8320
(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

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

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: I. JOHNSON AND SONS DAIRY, LLC

2. The Florida document/registration number of this limited liability company is:
LO5000011573

3. The date this member withdrew or will withdraw is: _____

4. I, LAWRENCE W. JOHNSON, hereby resign as a MANAGER
(Print Name of Person Resigning) *(Print Title)*

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

Signature of Resigning or Dissociating Manager, Member

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