

W500007K596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

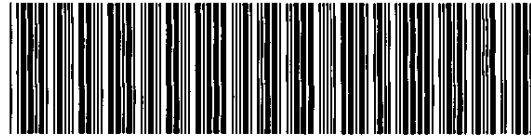
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2007

JON BACHMANN
SOUTH COAST GROWERS, INC.
6190 WESTERN WAY
LAKE WORTH, FL 33463

SUBJECT: SOUTH COAST TREE FARM, LLC
Ref. Number: L05000071596

We have received your document for SOUTH COAST TREE FARM, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 807A00041479



Office 800-753-2034

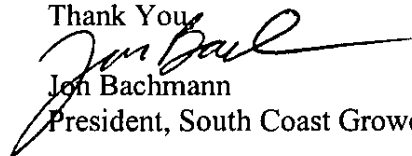
Fax 800-753-2036

June 14, 2007

Hello,

I would like to file this resignation of Manager. I included a copy of the resignation Osman signed as well as the agreement he signed to go along with it. Please call me if you have any questions. My direct number is 954-410-6189

Thank You


Jon Bachmann
President, South Coast Growers, Inc

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Coast Tree Farm LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jon Bachmann
(Contact Person)

South Coast Growers, INC
(Firm/Company)

6190 Western Way
(Address)

Lake Worth, FL 33463
(City/State and Zip Code)

For further information concerning this matter, please call:

Jon Bachmann at (954) 410-6189
(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



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 appears on the records of the Florida Department of State is: South Coast Tree Farm LLC.

2. This limited liability company was organized under the laws of:

Florida.

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

L05000071596.

4. I, Osman Lotero, 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.

Please see attached documents.

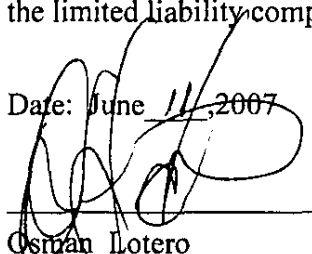
Signature of Resigning Member, Managing Member or Manager

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

**RESIGNATION OF [MEMBER/ MANAGING MEMBER/ MANAGER]
FOR A LIMITED LIABILITY COMPANY**

I, Osman Lotero, hereby resign as Member/Managing Member/ Manager of South Coast Tree Farm, LLC, a limited liability company organized under the laws of the State of Florida, and affirm that the limited liability company has been notified in writing of the resignation.

Date: June 11, 2007



Osman Lotero