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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | . WAIT | MAIL |
| (Bu | siness Entity Nan | me) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRE TARY OF STATE DIVISION OF THE PH 4: 29



COVER LETTER

| Division of Corporations | | |
|--|---|------------------------------|
| SUBJECT: EVERGREENS FARM LLC | | |
| (Name of Limi | ited Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Resignation of Member, Managing | Member or Manager and fee(s) are submitted for | filing. |
| Please return all correspondence concerning this i | matter to the following: | |
| Sinell M. Sambour, Registered Agent | | 21 |
| (Name of Person) | | SECRETARY! DIVISION OF 16 |
| (Firm/Company) | | ABY OF |
| 21255 SW 312th ST | | PH 4: 29 |
| (Address) | | 79 |
| Homestead, FL 33030 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, pl | lease call: | |
| Sinell M. Sambour, Registered Agent | at (305) 246-2003 | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | |
| 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 | |
| Enclosed is a check for the following amount: | | |
| ✓ \$25 Filing Fee | \$55 Filing Fee & Certified Copy | |
| CR2F079 (8/05) | | • |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, SORATH YIN | , hereby resign as MEMBER | | |
|--|--|-------------|-----------------|
| | (Title) | | |
| of EVERGREENS FARM LLC | | | . • |
| (Limited Liability | y Company) | | , |
| a limited liability company organized under the law | s of the State of FLORIDA | | - 9 |
| and affirm that the limited liability company has be | en notified in writing of the resignation. | 106 HAY | SECRI /ISION |
| | | Y 16 | FIARY |
| Signature of resigning manager, n | nanaging member or member) | th Hd | OF STA |
| | | : 29 | E SE |

FILING FEE IS \$25.00

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