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COVER LETTER .

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: EVERGREENS FARM LLC (Name of Limited I	Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Men	mber or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Sinell M. Sambour, Registered Agent	
(Name of Person)	
(F:/C	
(Firm/Company)	
21255 SW 312th ST	
(Address)	
(,	••
Homestead, FL 33030	
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
Sinell M. Sambour, Registered Agent at (305) 246-2003
	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tananassee, Florida 32314
Enclosed is a check for the following amount:	
 ✓ \$25 Filing Fee	\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, SOPHALLA YIN	, hereby resign as MEMBER
	(Title)
of EVERGREENS FARM LLC	
(Lin	nited Liability Company)
a limited liability company organized unc	der the laws of the State of FLORIDA
and affirm that the limited plability comp	any has been notified in writing of the resignation.
Agra	
(Signature of resigning)	manager managing member or member)

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

OG MAY 26 PM 3: