US 000093621

(Requ	uestor's Name)	
(Addr	ress)	
(Addı	ress)	
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
	-	
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer	
Opecial instructions to Fi	iiiig Officer.	

Office Use Only



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20 B) AUG 30 PM 2: 44
SECRETARY OF STATE
AND AHASSEE, FLORIDA

T. CLINE

AUG 3 1 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Emporia Farm (Name of Limited Liability Com	ns LLC
The enclosed member, managing member or manager resignifiling.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Roseman Lombardy (Correct Person)	
(Confact Person)	20 M AUG 30 SECRETARY TALLAHASSE
(Firm/Company)	HAS
308 Lynnwood Blud	AUG 30 PM S CRETARY OF S LAHASSEE.FL
Nashville TH 37205	O PHE: 44 SEE. FLORIDA
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Roseman Lombardy at 615 (Name of Contact Person) (Area Code)	2) 750 8095 & Daytime Telephone Number)
	repartment of State for: 55 Filing Fee & Certified Copy
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 F of State is: Fams LLC	lorida Department
2. This limited liability company was organized under the laws of: the State of Flore Low.	
3. The Florida document/registration number of this limited liability company is: L0500093621	
4. I, Rosemory Lomborda, hereby resign as a Mc. (Print Name of Person Resigning)	mber Print Title)
of this limited liability company and affirm the limited liability company has be resignation in writing.	
Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	20 M AUG 30 PM E: SECRETARY OF STA