# L060000 64478

(Requestor's Name)
·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(5)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2020 JUL 29 PH 2: 28
SECRETARY OF STATE

JQ 01/22/20

#### **COVER LETTER**

TO: Regi	stration Section	
Divi	sion of Corporations	
SUBJECT:		
	(Name of	Limited Liability Company)
The enclosed	d member, resignation or diss	ociation and fee(s) are submitted for filing.
Please return	n all correspondence concerni	ng this matter to:
SARA H. GEI	LTZ	
	(Contact Person)	
	(Firm/Company)	<del></del>
17283 DAVE	NPORT ROAD	
	(Address)	
WINTER GAI	RDEN, FLORIDA 34787	
	(City/State and Zip Code)	
For further i	nformation concerning this m	atter, please call:
SARA H. GEI	.TZ	ai 407, 405-6522
(N	lame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed ple	ase find a check made payab	le to the Florida Department of State for:
□ \$25 Filin		☐ \$55 Filing Fee & Certified Copy
	ng Address:	Street Address:
_	stration Section	Registration Section
	sion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee
	thassee, FL 32314	2415 N. Monroe Street, Suite 810
1 11111		Tallahassee, FL 32303

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	· · · · · ·	s it appears on the records of t	he Florida Department
of State is:	LE CREEK FARMS, LLC		·
2. The Florida doc 1.06000064478	ument/registration number a	ssigned to this limited liability	y company is:
A OFFICE LEADING	AUTHAND SIT AND TO	signed or will withdraw/resign	
4. I. MITCHELL HAWTHORNE GELTZ hereby withdraw/resigning) hereby withdraw/resigning)			n as a
MANAGER	ume of reison resigning)		
-	(Print Title)		
of this limited lia resignation in wr		ne limited liability company h	
-	ssociating Member or Resig	ining Manager	FIL. 2020 JUL 29 SEGRETARY TACLLAHA
	\$25.00 (Required) \$30.00 (Optional)		PH 2: 2 SSEE, FI

### LYNN WALKER WRIGHT, P.A.

PROFESSIONAL ASSOCIATION ATTORNEY AND COUNSELOR AT LAW

LYNN WALKER WRIGHT

Tel. (407) 656-5500 FAX. (407) 656-5898 2813 S. HIAWASSEE ROAD SUITE 102 ORLANDO, FLORIDA 32835

July 27, 2020

Via Priority Mail - Confirmation Delivery

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street Suite 810 Tallahassee, Florida 32303

RE: Little Creek Farms, LLC

**Cover Letters / Resignations** 

Dear Sir/Madam Clerk:

Enclosed please find three (3) Cover Letters and Three Resignation of Managers for the above-referenced Florida Limited Liability Company with attached Check # 9562 in the amount of \$75.00.

Thank you for your assistance concerning this matter,

Sincerely,

LYNN WALKER WRIGHT, P.A.

Lynn Walker Wright

Lynn Walker Wright, Esquire

LWW