L06000070575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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RA Resign
2/4/11
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crown Harvest Produce LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000070575

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Crown Harvest Produce LLC
Name of Firm/Company

2811 N. Airport Road
Address

Plant City, FL 33563
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at ( ) Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for $85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

7900 V 3395

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Jeff Jensen, V.P. of Crown Harvest Produce Sales LLC , hereby resigns as
Name of Registered Agent

Registered Agent for Crown Harvest Produce LLC

Name of Limited Liability Company,

L06000070575
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Jeff Jensen
Typed or Printed Name

Vice President, Crown Harvest Produce Sales
Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:
$ 85.00 Active limited liability company
$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

INHS17 (08/05)