# L06000085030

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SECRETARY OF STATE
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J. BRYAN

FEB 1 8 2009

EXAMINER

### **COVER LETTER**

SUBJECT: Vision Farms, LLC (Name of Limited Liability Company)
1,000,000,5000
DOCUMENT NUMBER: L06000085030
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:
James T Schatt  (Name of Person)
The Schatt Law Firm, PLLC (Name of Firm/Company)
P.O. Box 4440
(Address)
P.O. Box 4440  (Address)  Ocala, FL 34478  (City/State and Zip Code)
For further information concerning this matter, please call:
James T. Schatt at (352) 342-0050 (Name of Person) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO:

Amendment Section Division of Corporations

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

## 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,
James T. Schatt	y resigns as
(Name of Registered Agent)	·
Registered Agent for Vision Farms, LLC	
(Name of Limited Liability Company)	,
(Name of Emilies Elsothly Company)	
L06000085030	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed limited liability compan	y at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date	e on which this statement is filed.
(Signature of Resigning Agent)	<del></del>
If signing on behalf of an entity:	
James T. Schatt	51
(Typed or Printed Name)  Registered Agent	O9 FI SECR ALLA
(Capacity)	FEB 17 CRETAR) LAHASSI
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluments withdrawn limited liability com	PHIC: 59  COF STATE  EE, FLORIDA  Intarily dissolved/A

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