L06000/14693

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SECRETARY OF STATE
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COVER LETTER

_	stration Section sion of Corporations		
2	non or corporations		
SUBJECT:	Amanda Farms LLC		
	(Name of Limi	ted Liability Co	ompany)
The enclosed	I member, resignation or dissocia	ation and fee((s) are submitted for filing.
Please return	all correspondence concerning t	his matter to	:
Fred E. Glickm	nan -		
	(Contact Person)		
Fred E. Glickm	nan, P.A.		
	(Firm/Company)		-
9200 S Dadelar	nd Blvd, Ste. 508		
	(Address)		_
Miami, FL 331	56		
	(City/State and Zip Code)		<u> </u>
For further in	nformation concerning this matte	r, please call	:
Fred E. Glickm	lan	305 at (670-0987
(No	ame of Contact Person)		e & Daytime Telephone Number)
Enclosed plea	ase find a check made payable to	the Florida i	Denartment of State for:
☐ \$25 Filing	; Fee	_	g Fee & Certified Copy
Regis Divis P.O. I	g Address: tration Section ion of Corporations Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee
i aijar	nassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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SECRETARY OF STATE TALLAHASSEE, EL

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)

1. The name of the of State is:	limited liability company as it appears on the records of the Florida Department la Farms LLC
2. The Florida docu L06000114693	ment/registration number assigned to this limited liability company is:
	nber/manager withdrew/resigned or will withdraw/resign is: 10 5/21
of this limited liab resignation in write	ility company and affirm the limited liability company has been notified of my ing. Manager Sociating Member or Resigning Manager
	\$25.00 (Required)