L06000122220

(Requestor's Name)
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(basilloss Enat, Halle)
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, (Document Number)
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FILED
2009 FEB 10 AM 8: 26
SECRETARY OF STATE

R.A. Rusign.

TB 2-11-19

COVER LETTER

SUBJECT: OLO CUTLER TREE FARM LLC (Name of Limited Liability Company)									
(Name of Limited Liability Company)									
DOCUMENT NUMBER: 84-1723407									
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:									
Claude Roatta									
(Name of Person)									
•									
(Name of Firm/Company)									
6791 SW 57 Terrace (Address)									
Miami, Fla, 33143 (City/State and Zip Code)									
For further information concerning this matter, please call:									

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

305) 970 5018
(Area Code & Daytime Telephone Number)



February 3, 2009

CLAUDE ROATTA 6791 SW 57 TERRACE MIAMI, FL 33143

SUBJECT: OLD CUTLER TREE FARM, LLC

Ref. Number: L06000122220

We have received your document for OLD CUTLER TREE FARM, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 609A00003863

Teresa Brown Regulatory Specialist II

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio					tatutes	s, the ur	ndersigr	ied,			
Clau	de F	Roa	tta	-	, h	nereby r	esigns a	as			
	(France of Negr	sicicu rigoini,									
Registered Agent for	OLd	Cut	Ler	Tree	2 F	-av	m,	LL	<u>_</u>		
	(Na	me of Limite	d Liability	Company)						•	
LOGO OOO		20	_								
A copy of this resignation	on was mailed	I to the abov	ve listed l	imited liabil	ity coı	mpany	at its las	st knowr	n addr	ess.	
The agency is terminate	d and the offi	ce discontin	nued on th	ie 31st day a	after th	ie date d	on whic	h this st	ateme	nt is fil	ed.
	_C	lan.	de ,	Resigning Ago	Az ent)		-				
If signing on behalf of a	n entity:										
								Ā	က္	286	
	(Typed or Printed Name)						-	LAH	ECRET	2009 FEB 10	71
		((Capacity)				-	د د د د د د د د د د د د د د د د د د د	ARY (m
	\$	ILING FE 85.00 A 25.00 A	Active lim	ited liabilit atively disso a limited lia	y com olved/ bility	pany volunt: compar	arily dis	ssolved/	FLORIDA	AM 8: 26	O

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