L07000019156

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

Office Use Only



300163871333

12/31/09--01015--004 **25.00

FILED

09 DEC 31 PM 12: 54

SECRETARY OF STATE
FALL AHASSEE, FLORID.

J. BRYAN

JAN -4 2009

EXAMINER

NOVAK LAW OFFICES

ATTORNEYS AT LAW

JEREMY T.M. NOVAK* JOSEPH S. NOVAK**

Florida Offices 209 7th STREET PORT ST. JOE, FLORIDA 32456

December 30, 2009

TEL. (850) 229-4700 TELEFAX (850) 229-1148 www.NovakLaw.us

JUDITH A. NOVAK® DOUGLAS L. NOVAK*

Member FL & NJ Bar

**Member of NJ Bar & Of Counsel (FL)

Member of PA & NJ Bar

Member of SC Bar & Of Counsel (FL)

VIA FIRST CLASS MAIL

Department of State Registration Section \ Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

> Re: Florida Corporation Resignation of Member Filing Overstreet Farms, LLC

Dear Division of Corporations:

Enclosed please find the Resignation of Member for the above referenced Florida corporation.

Kindly return all correspondence, filed papers, information requests and/or further inquiries concerning this matter to our offices at:

Novak Law Offices, PLLC c/o Jeremy T.M. Novak, Esq. 209 7th Street, Port St. Joe, Florida 32456 (850) 229-4700

Additionally, please find the check (#1334) in the amount of twenty five dollars (\$25.00) for the State required filing fee for this resignation.

Thank you for your anticipated cooperation and assistance in this regard.

cremy T.M. Novak

(espectfully submitted,

Novak Law Offices, PLLC

Encl.

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Overstreet Farms, LLC	
(Name of Limited Liabil	ity Company)
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
Jeremy T.M. Novak, Esq.	
(Contact Person)	
Novak Law Offices PLLC	DEC ECRET LLAH
(Firm/Company)	JARY ASS
209 7th Street	O9 DEC 31 PM 12: 54 SECRETARY OF STATE ALLAHASSEE, FLORIG
(Address)	LOR LOR
Port St. Joe, Florida 32456	
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
a.(50 , 229-4700
(Name of Contact Person) (Area	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	orida Department of State for: \$55 Filing Fee &
V 1425 Timig Fee	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
2001 LACCULIVE CONCLE CHOIC	1 ananassee, 1 10Hua 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	•	it appears on the records of the	Florida Dep	artmer	١t
of State is: Ove	erstreet Farms, LL	C	Z S	0.	
	lity company was organized		CRETARY OF ST LAHASSEE. FLO	DEC 31 PM 12: 54	
3. The Florida docu 	_	f this limited liability company is	FLORIDA S:	54	
_{4. I,} Thad Will	iams	, hereby resign as a men	nber		
	ame of Person Resigning)		(Print Title)		
resignation in wri		e limited liability company has l	oeen notified	l of my	Y
Signature of Resi	gning Member, Managing N	Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				