## L07000034184

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





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01/25/10--01056--009 \*\*135.00



D. BRUCE

JAN 26 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: C and M Farms, LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Donald D. Clark, Esquire	
(Contact Person)	<del></del>
Donald D. Clark, P.A.	
(Firm/Company)	
8433 Enterprise Circle, Suite 120	
(Address)	
Bradenton, Florida 34202	TO JAI
(City/State and Zip Code)	V2.
For further information concerning this matter, I	blease call:
Donald D. Clark at	941 487-1980 SA
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it a of State is: C and M Farms, LLC	ppears on the records of the	e Florida Department
2. This limited liability company was organized und Florida	der the laws of:	SECRI
3. The Florida document/registration number of this L07000034184	s limited liability company	AN 25 PM RETARY OF WHASSEE, F
4. I, Kurt R Bultema	, hereby resign as a MG	RM STATE
(Print Name of Person Resigning) of this limited liability company and affirm the linguistion in writing.		(Print Histo)
Signature of Resigning Member, Managing Mem	ber or Manager	

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional) STATE OF FLORIDA COUNTY OF

The forgoing instrument was acknowledged before me this day of December, 2009, by Kurt R Bultema, as MGRM of C and M Farms, LLC, who is ( ) personally known to me or who produced \_\_\_\_\_\_ as identification.

Notary Public

My Commission Expires:



