

L070000 34184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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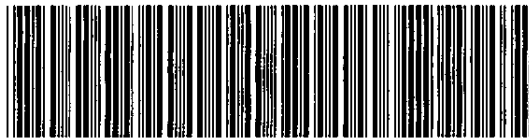
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

09 DEC 25 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/25/10
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C and M Farms, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000034184

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:

Donald D. Clark, Esquire
Name of Person

Donald D. Clark, P.A.
Name of Firm/Company

8433 Enterprise Circle, Suite 120
Address

Bradenton, Florida 34202
City/State and Zip Code

dclark@donclarkpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald D. Clark at (941) 487-1980
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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,

Robert D Cross

Name of Registered Agent

, hereby resigns as

Registered Agent for

C and M Farms, LLC

Name of Limited Liability Company

L07000034184

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Robert D. Cross
Typed or Printed Name
Registered Agent
Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

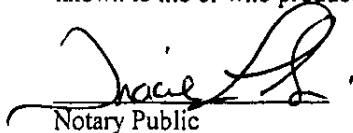
Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

09 SEP 25 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

STATE OF FLORIDA
COUNTY OF Sarasota

The forgoing instrument was acknowledged before me this 22nd day of December, 2009, by Robert D. Cross, as Registered Agent of C and M Farms, LLC, who is () personally known to me or who produced FLDL as identification.


Notary Public

Tracie L. Billman

My Commission Expires:

