## 107000053264

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

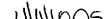
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SECREMAY OF STATE





## 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	limited liability company as it appears on the records of the Flo	orida Department
of State is:	SHADOW RUN FARM, LLC	
2. The Florida doc	ument/registration number assigned to this limited liability comp	pany is:
L0700005	53264	01 TAN 2017
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	01 JAN 2017 <del>20 Jun 2017</del> RPS
	Pryce-Jones , hereby withdraw/resign as a dame of Person Resigning)	
Manage	er/Member (Print Title)	
of this limited lia resignation in w	ibility company and affirm the limited liability company has been riting.	n notified of my
	issociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required)	