

(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:				
,				

Office Use Only

G. MCLEOD

FEB 1 0 2009

EXAMINER



900143048789

02/09/09--01044--012 **55.00

09 FEB -9 PM 3: 20

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

y Company)
resignation and fee(s) are submitted for
r to:
,
···
call:
5 , 246-0887
Code & Daytime Telephone Number)
da Department of State for:
\$55 Filing Fee &
Certified Copy
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

	e limited liability company as it mestead Edibles LLC.	appears on the records of	the Florida Departr	nent
2. This limited lial Florida	pility company was organized un	nder the laws of:		
3. The Florida doc L0700007	ument/registration number of th	nis limited liability compa 	ny is:	
4 I Jos	elyn Hernandez	, hereby resign as a	MGRM	
(Print)	Name of Person Resigning)		(Print Title)	
Signature of Res	igning Member, Managing Mer \$25.00 (Required)		has been notified of 09 FEB - 9 PM 3: 2	SECRETARY OF CERTOR AT