L080000 36604

(Re	equestor's Name)		
(Address)			
(Ari	ldress)		
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SECRETARY OF STATE OF CORPORATIONS

T. HAMPTON

JUN 2 6 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECI:	ES' FARM	
	(Name of Lim	ited Liability Co	mpany)
The enfiling.	nclosed member, managing member or	manager resi	gnation and fee(s) are submitted for
Please	e return all correspondence concerning	this matter to	
JEF	FERY BRUFF		
	(Contact Person)		_
CHA	ARLES' FARMS		_
	(Firm/Company)		
5959	9 SW 50TH ST		_
	(Address)		
MIA	MI, FL 33155		_
	(City/State and Zip Code)		
For fu	orther information concerning this matte	er, please call	:
<u>JEF</u>	FERY BRUFF		_)_338.9323
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclo	sed please find a check made payable t	o the Florida	Department of State for:
	\$25 Filing Fee		\$55 Filing Fee &
	_	<u> </u>	Certified Copy
STRE	EET/COURIER ADDRESS:		MAILING ADDRESS:
Regist	tration Section		Registration Section
	ion of Corporations		Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle hassee, Florida 32301		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

	ne limited liability company as HARLES' FARMS, LL	it appears on the records of the Florida Department
	ability company was organized F FLORIDA	under the laws of:
3. The Florida do L080000	_	this limited liability company is:
4. I, CHARLE	S COINER t Name of Person Resigning)	, hereby resign as a MANAGING MEMBER (Print Title)
of this limited l resignation in v		limited liability company has been notified of my
Signature of Ro	esigning Member, Managing M	ember or Manager
Filing Fee:	\$25.00 (Required)	, ··

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)