

L08000083473

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The Lawson Law Firm, P. A.
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Santa Rosa Beach, FL 32459

(Address)

(City/State/Zip/Phone #)

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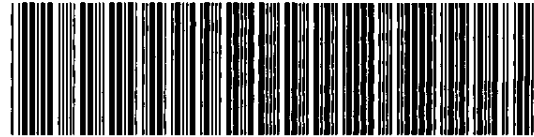
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: ARROWHEAD FARMS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000083473

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:

BOBBY J. RAINS, JR.
Name of Person

ARROWHEAD FARMS, LLC
Name of Firm/Company

39 SANDCASTLE COURT
Address

SANTA ROSA BEACH, FL 32459
City/State and Zip Code

BRAINS63@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL T. LAWSON at (850) 622-2260
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

MICHAEL T. LAWSON

Name of Registered Agent

, hereby resigns as

Registered Agent for ARROWHEAD FARMS, LLC

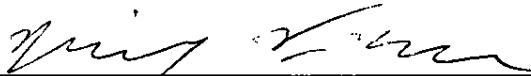
Name of Limited Liability Company

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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:

BOBBY J. RAINS

Typed or Printed Name

MANAGING MEMBER

Capacity

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TALLAHASSEE, FLORIDA

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