## L08000092197

(Reque	estor's Name	)
(Addre	ss)	
(Addre	ss)	
(City/Si	tate/Zip/Phoi	ne #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	ame)
(Docur	ment Numbe	r)
Certified Copies	Certificate	es of Status
Special Instructions to Filir	ng Officer	

A. LUNT

MAY - 8 2009

**EXAMINER** 

Office Use Only



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TALLAHASSEE, FLORIDA

2009 MAY -6 AM II: I

## **COVER LETTER**

TO: Registration Section Division of Corporations				
<sub>SUBJECT:</sub> Super Green Farms, LLC	<b>)</b>			
(Name of Limited	Liability Company)			
The enclosed member, managing member or managing.	anager resignation and fee(s	s) are submitted for		
Please return all correspondence concerning thi	s matter to:			
Lisa Hu Barquist, Esq.	· 			
(Contact Person)		·		
Attorney at Law		200 TAL		
(Firm/Company)		ORE LAH		
444 Brickell Avenue, Suite 700, Mi	ami FL 33131	2009 MAY -6 AM   : uu SECRETARY OF STATE ALLAHASSEE, FLORID,		
(Address)				
		AMII: 4 OF STATI EE, FLORIC		
(City/State and Zip Code)		TE RIDA		
For further information concerning this matter,	please call:			
Lisa Hu Barquist, Esq.	305 <sub>)</sub> 371-5588			
(Name of Contact Person)	(Area Code & Daytime Telep	phone Number)		
Enclosed please find a check made payable to t	\$55 Filing Fee &	Ż		
	Certified Cop	ру		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee Florida 32314			

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it per Green Farms, LLC	appears on the records of the Flo	orida Dep	oartmer	ıt
2. This limited liability company was organized un Florida		nder the laws of:	SECRETARY TALLAHASSE	2009 MAY -6	Ī
3. The Florida docu L08000092	ument/registration number of th	is limited liability company is:	OF STATE E. FLORIDA	AM II: 44	
4. I, Chhunly C	hhor	_, hereby resign as a MGR	_	· 	
(Print N	ame of Person Resigning)	(Pr	rint Title)	<del>_</del> ,	
of this limited lial resignation in wr		mited liability company has bee	en notifie	d of my	/
Allen	ly_				
Signature of Resi	gring Member, Managing Men	nber or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				