209000001324

| (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: |
| A. LUNT |
| OCT 18 2012 |
| FYAMNER |



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10/17/12--01029--004 **25.00



Office Use Only

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| | |
| SUBJECT: Adagio Farms, LLC | |
| | mited Liability Company) |
| The enclosed member, managing member of filing. | or manager resignation and fee(s) are submitted for |
| Please return all correspondence concerning | g this matter to: |
| Bruce Patti | in the second se |
| (Contact Person) | See See |
| Adagio Farms, LLC | ABLAR ASSEELFLORID |
| (Firm/Company) | |
| 2775 East Osceola Rd | |
| (Address) | L * |
| Geneva, FL 32732 | |
| (City/State and Zip Code) | · · · · · · · · · · · · · · · · · · · |
| For further information concerning this ma | tter, please call: |
| Bruce Patti | at (407) 349-3878 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable \$25 Filing Fee | to the Florida Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, 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

| | limited liability company as it gio Farms, LLC | appears on the records of the Fl | orida De | partme | ent |
|---|--|--|-------------|---------------------|---------|
| 2. This limited liabi | lity company was organized u | inder the laws of: | AELAMAS: | 2812 G CT 17 | |
| 3. The Florida docu L09000061 | _ | his limited liability company is: | HELPLERID | 84 K H4 1 | |
| 4. I, Linda Lam | passo | , hereby resign as amemb | er 🏲 👚 | | |
| | ame of Person Resigning) | (P | rint Title) | | _ |
| resignation in wri | | limited liability company has been mber or Manager | en notific | ed of n | ny |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | | |