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(Cit	ty/State/Zip/Phone	e #)	
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Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
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FILED

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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section **Division of Corporations** The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: (Firm/Company) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florid of State is: Florida Green Southons UC	la Departi	ment 	
2. This limited liability company was organized under the laws of:	SEVER LART	13 NOV 20	
3. The Florida document/registration number of this limited liability company is: LO900072782 4. I, Seroio Hicke hereby resign as a Mar	SE SEATE E. FLORIDA:	PM 1: 34	
(Print Name of Person Resigning) (Print of this limited liability company and affirm the limited liability company has been resignation in writing.	Tule) notified o	f my	
Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required)			
Certified Copy: \$30.00 (Optional)			