## LOADOOOHDET

(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Section			
	Division of Corporations			
SUB.	JECT: Natural Ag Soultion		Con	
	(Name of	f Limited Liability	Con	ipany)
The e	enclosed member, managing member.	er or manager re	esig	nation and fee(s) are submitted for
Pleas	e return all correspondence concern	ning this matter	to:	
Cha	arles S. Cullens			
	(Contact Person)			•
Nati	ural Ag Solutions, LLC			
	(Firm/Company)			-
ΡO	Box 563			
	(Address)	·		•
Seb	oring, Florida 33871-0563			
	(City/State and Zip Code)			•
For fi	urther information concerning this r	matter, please ca	all:	
Cha	arles S. Cullens	at (863	}	381-0757
	(Name of Contact Person)	(Area Co	ode	& Daytime Telephone Number)
Enclo	osed please find a check made payal \$25 Filing Fee	ble to the Florid		epartment of State for: 55 Filing Fee & Certified Copy
A 1000 -				••
	EET/COURIER ADDRESS:			MAILING ADDRESS:
_	stration Section			Registration Section
	ion of Corporations on Building			Division of Corporations P.O. Box 6327
	Executive Center Circle			Tallahassee, Florida 32314
	hassee, Florida 32301			rananassee, Pionua 32314

CR2E079 (5/06)

TO:



## 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 tural Ag Solutions, LL	• •	s of the Florida Department
2. This limited liab	ility company was organized	d under the laws of:	
3. The Florida doct L09000074	ument/registration number o	f this limited liability con	mpany is:
	ee Mann  Same of Person Resigning)  bility company and affirm the	, hereby resign as a	(Print Title)
resignation in wr	• •	te minited nationity compa	my has been nounced or my
Signature of Resi	gning Member, Managing N	Member or Manager	12 JAN 30 SECRETAR TALLAHASS
_	\$25.00 (Required) \$30.00 (Optional)		RY OF S