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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	



03/06/15--01009--015 **50.00

15 MAR -6 PH 12: 42 SECRETARY OF STATE FALLAHASSEE, FLORIDA

Luw Offices of Stoven Michael LaBret, P. A.

> - 130 Pasadena Mace Orlando, Florida 32803

LL.M. IN TAXATION ALSO ADMITTED IN LOUISIANA AND MICHIGAN BARS PHONE # (407) 422-5819 FAX # (321) 236-6618 E-MAIL: Labretpa@cflrr.com

March 3, 2015

Florida Dept. of State Amendment Section Div. of Corporation P.O. Box 6327 Tallahassee, FL 32314

Re: My Yard Farm, LLC My Yard Farm Specialty Produce, LLC

 $\langle y \rangle$

Our Client: Pren A. Ramage Our File No: 1371-R-001

Dear Sir/Madam:

Enclosed are the following:

- 1. Check for \$50.00;
- Dissociation or Resignation of Member (My Yard Farm, LLC); and
- 3. Dissociation or Resignation of Member (My Yard Farm Specialty Produce, LLC).

Please send copies of recorded documents to the undersigned.

Thank you for your anticipated cooperation.

Sincerely yours STEVEN M. LABRET

SML/ao Encls.



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

- The Florida document/registration number assigned to this limited liability company is: L09000088183
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{2/28/2015}{2015}$
- 4. I. Pren A. Ramage

_____, hereby withdraw/resign as a

(Print Name of Person Resigning)

manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)

