

L09000096117

(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:

Office Use Only



100278958031

11/12/15--01043--010 \*\*110.00

FILED

2015 NOV 12 P 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 13 2015  
J. BRUCE

**THEODORE M. BURT**  
Attorney at Law  
403 East Wade Street  
Post Office Box 308  
Trenton, Florida 32693

Theodore M. Burt  
Burt@svic.net

(352) 463-2348  
fax (352) 463-6908

November 9, 2015

Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Flatwoods Dairy, LLC

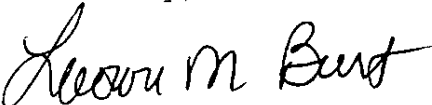
Dear Sir or Madam:

Enclosed please find the following regarding the referenced  
limited liability company:

1. Unanimous Written Consent (2)
2. Articles of Dissolution
3. Cover Sheet
4. Resignation of Resident Agent
5. Check in the amount of \$110.00

By this letter, we are asking that the referenced corporation be  
dissolved.

Yours truly,

  
Theodore M. Burt

TMB/st

Enclosures

12041

**FILED**  
2015 NOV 12 P 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Theodore M. Burt

, hereby resigns as

Name of Registered Agent

Registered Agent for Flatwoods Dairy, LLC

Name of Limited Liability Company

L09000096117

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

2015 NOV 12 P 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314