

L10000018234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

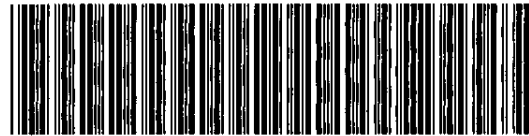
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100216101661

01/09/12--01040--015 **110.00

FILED
2012 JAN -9 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JAN 10 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENSOAG LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Clyde William Fraise

(Contact Person)

EnsoAg LLC

(Firm/Company)

7611 SW 22nd Avenue

(Address)

Gainesville, FL 32607

(City/State and Zip Code)

For further information concerning this matter, please call:

Clyde Fraise

(Name of Contact Person)

at (352) 332-0121 352-283-0015 cel

(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:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

2012 JAN -9 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 Florida Department of State is: ENSOAG LLC

2. This limited liability company was organized under the laws of:
State of Florida

3. The Florida document/registration number of this limited liability company is:
L10000018234

4. I, WILLIGTHON PAVAN, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)

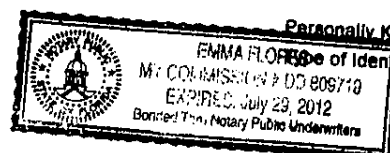
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Willigthon Pavan
Signature of Resigning Member, Managing Member or Manager

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

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 7 day
of OCT 20 11 by WILLIGTHON PAVAN



Personally Known OR Producer Identification BRAZIL PASSPORT
Signature of Notary [Signature]