

L10000059608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

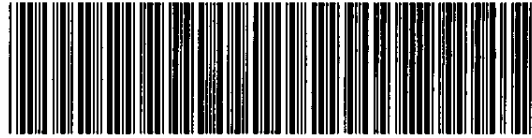
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 NOV -5 AM 11:59

N. Culligan NOV - 8 2010

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARAMOUNT GROWERS 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:

Luis A. Garcia

(Contact Person)

Paramount Growers LLC

(Firm/Company)

1735 NE 157th Terrace

(Address)

Miami, FL 33162

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis A. Garcia

(Name of Contact Person)

at ( 786 ) 227-4451

(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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 NOV -5 AM 11:59

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 Florida Department of State is: PARAMOUNT GROWERS LLC

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

3. The Florida document/registration number of this limited liability company is:  
L10000059608

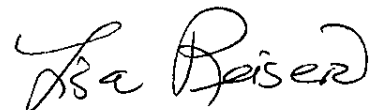
4. I, Andrea P Quimi, hereby resign as a Managing Member  
*(Print Name of Person Resigning)* *(Print Title)*

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

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

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

Q 500 015-84 916 0.



NOTARY PUBLIC-STATE OF FLORIDA  
Lisa Reiser  
Commission #DD688206  
Expires: AUG. 14, 2011  
BONDED THRU ATLANTIC BONDING CO., INC.