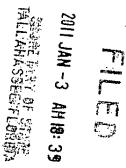
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(Requestor's Name)
(Address)
, and a second
(Address)
(City/State/Zip/Phone #)
·
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JAN -4 2010
FXAMINER



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COVER LETTER

	on Section of Corporations	3				
SUBJECT:	FloriDA	Fresh (Name of Limite	Pro Du (E	LLC		
The enclosed me filing.	mber, managin	g member or r	nanager resigna	tion and fee(s) are	submitted	for
Please return all	correspondence	concerning th	nis matter to:			
Mich	AKL TL (Contact Pers	V V D 0	·····		Z	201
FloriDA	FreSH (Firm/Compa	Pro Dock	LLC		LAHASSE	2011 JAN -3
15132	PAYL 0 (Address)	F Comm	ere BIVD	Suite 104		AH 18: 39
Jupiter	(City/State and Z	33478 lip Code)			"ja-	(s)
For further inforr	nation concerni	ng this matter	, please call:			
Michael (Name	C TUY	₽	at (<u>561</u>) (Area Code &	722 - 1583 Daytime Telephone	Number)	
Enclosed please (ind a check ma \$25 Filing Fee	de payable to	\$55	artment of State for Filing Fee & Certified Copy	or:	
STREET/COUR Registration Sect Division of Corpo Clifton Building	ion orations	SS:	Re Di P.	AILING ADDRE egistration Section vision of Corporat O. Box 6327	ions	
2661 Executive Center Circle			Tallahassee, Florida 32314			

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	f the limited liability company as it a Flor.DA Fresh Prod		of the Florida Depa	nrtment ·
_	liability company was organized und	der the laws of: 	ALLAN	2011 JA
	document/registration number of this	s limited liability com	ipany is:	JAN -3 AN
4. 1,	CHAE TUVDO Cint Name of Person Resigning)	_, hereby resign as a _	MANAGING (Print Title)	memBer MGR
of this limited resignation in	d liability company and affirm the ling writing.	nited liability compan	y has been notified	of my
Muc Signature of	huf James Resigning Member, Managing Mem	her or Manager	_	
Signature of	ixesigning Member, Managing Mem	bei of ivianagei		
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)