## 10000103307

| •                                       |
|---|
| (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

G. MCLEOD

JUN 2 9 2012

**EXAMINER** 



100236599481

06/25/12--01011--004 \*\*25.00

FILED

12 JUN 25 PH 12: 17

SECRETARY OF STATE
SHAREFFE FIRED



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

|  | e limited liability company as it ap     | -                       | <u>-</u>                 |
|--|--|-------------------------|--------------------------|
| of State is:                             | gnoterra LLC                             | <u></u>                 |                          |
| 2. This limited liab                     | bility company was organized und         | ler the laws of:        |                          |
|  | U041VH                                   | <u>.</u> ·              |                          |
| 3. The Florida doc                       | cument/registration number of this       | limited liability compa | any is:                  |
| 4. I, <u>KRISTE</u><br>(Print N          | EN MUSTAD  Name of Person Resigning)     | , hereby resign as a    | MANAGER<br>(Print Title) |
| of this limited lia<br>resignation in wr | ability company and affirm the lim       | nited liability company | has been notified of my  |
|  | DUM                                      |                         |                          |
| Signature of Res                         | igning Member, Managing Memb             | per or Manager          |                          |
|  |  |                         |                          |
|  | \$25.00 (Required)<br>\$30.00 (Optional) |                         |                          |
| r emmea conv                             | NALLUILLIMIONALI                         |                         |                          |

## **COVER LETTER**

| Division of Corporations   |  |   |  |
|--|--|---|--|
| SUBJECT: AGROTERRA LI (Name of Limited Lia   | ability Company)   |   |  |
| The enclosed member, managing member or mana filing.                                   | nger resignation and fee(s) are  | submitted for   |  |
| Please return all correspondence concerning this n                                     | natter to:   |   |  |
| MAVRY BEDONI (Contact Person)  |  |   |  |
| AGROTERRA LL C (Firm/Company)  |  | IZ JU   |  |
| 2019/ E COUNTRY CLUB   |  | 12 JUN 25 PH I2: 17  LORETARY OF STATE TALLAHASSEE, FLORIDA |  |
| AVENTURA F2 33/  | 180  | P: 17<br>STATE<br>LORIDA                                    |  |
| For further information concerning this matter, ple                                    | ease call:   |   |  |
| MAVRY BEDONII at (   | 305) 733 133 9<br>Area Code & Daytime Telephone                              | : Number)   |  |
| Enclosed please find a check made payable to the \$25 Filing Fee                       | Florida Department of State for \$55 Filing Fee & Certified Copy             | or:   |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |   |  |
| 2661 Executive Center Circle   | Tallahassee, Florida   | Tallahassee, Florida 32314                                  |  |

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301