L11000022148

(Re	equestor's Name)	
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COVER LETTER

Division of Corporations			
SUBJECT: Farkas Citrus (Name of Limite)	Muresery 4 LLC d Liability Company)		
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.		
Please return all correspondence concerning the Long of Land (Contact Person)	is matter to: (George Farkas)		
Farkas Citrus Nurgery II (Firm/Company)	tic		
56/0 APRILLA DW	agotants		
Plant City State and Zip Code)	3562		
For further information concerning this matter, please call:			
George L Fackas JR (Name of Contact Person)	at (<u>B13</u>) <u>9677996</u> (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

Document Number L11000022149

Tallahassee, Florida 32301

CR2E079 (2/14)

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Farkas Citrus Nursery 11, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
111000022148
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{3/25/14}{4}$
4. I,
Ound member. (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Lie S farka
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)