L11000098178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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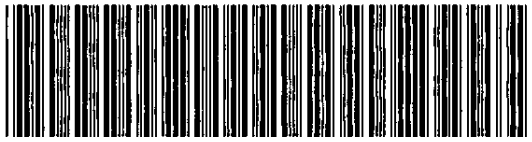

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 23 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST FARMERS FINANCIAL, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000098178

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM R. HUSEMAN
Name of Person

WILLIAM R. HUSEMAN, P.A.
Name of Firm/Company

9957 MOORINGS DRIVE, SUITE 201
Address

JACKSONVILLE, FL 32257
City/State and Zip Code

whuseman@jaxattys.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William R. Huseman, Esq. at (904) 448-5552
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for $85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

William R. Huseman, P.A. , hereby resigns as
Name of Registered Agent

Registered Agent for FIRST FARMERS FINANCIAL LLC

Name of Limited Liability Company

L11000098178
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

WILLIAM R. HUSEMAN
Typed or Printed Name

PRESIDENT
Capacity

FILED
2015 JUL 22 A 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:
$ 85.00 Active limited liability company
$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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