## 111000099164

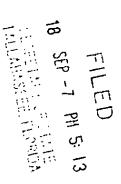
(F	Requestor's Name)	
	Address)	· ·
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
· · · · · · · · · · · · · · · · · · ·		
J)	Document Number)	
Certified Copies	Certificates of Sta	atus
Special Instructions t	to Filing Officer:	
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Brooks Ranch Hay Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
George Phillips Name of Person		
Firm/Company		
734 Parkview PL		
Addices		
Lakeland, FL 33805		
City/State and Zip Code		
BP1 @ Verizon. net		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
George Phillips at 863, 860 3611		
Name of Person Area Code & Daytime Telephone Number		
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		
Enclosed is a check for the following amount:		
\$25 Filing Fee		
INHS18 (2/14)		



## 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: Brooks Ranch HAY
2. The Florida document/registration number assigned to this limited liability company is:
L11000099164
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $1 - 1 - 2014$
4.1. George Phillips hereby withdraw/resign as a
(Print Name of Person Resigning)
m G R M
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Allhierin
Signature of Dissociating Member or Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)