112000062330

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

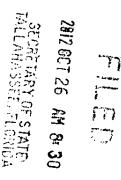
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J. SAULSBERRY EXAMINER OCT 30 2012

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:F	lorida Produce Select Name of Limited Liability Co	, LLC	
DOCUMENT NUMBER:	L1200006	• •	
The enclosed Resignation of Regis for filing.	stered Agent for a Limited L	iability Company and f	fee are submitted
Please return all correspondence co	oncerning this matter to the	following:	
Carlos E Anti	llano		
Name of Pers	son		
Florida Produce Se	elect, LLC	,	
Name of Firm/Co	ompany		=
7527 Key De	er Ct		7317 0CT 26 SECRETARY ALLIAND SEE
Fort Myers, FL City/State and Zi	33966 p Code		ांभे ≥ त
<u>carloskike@gm</u> E-mail address: (to be used for futur	ail.com re annual report notification)		W 8: 20 STATE LONDA
For further information concerning	g this matter, please call:		
Carlos E Antillano Name of Person	at (<u>786</u>) Area Code &	3515657 Daytime Telephone Num	iber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

· RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	on 608.416(2) or 608	.509, Florida Sta	itutes, the under	signed,		
Carlos I	E Antillano		, hereby resig	ns as	,	
Name of Registered Agent		_, notedy resigns as				
Registered Agent for	Florida	a Produce Se	elect, LLC			
	Name of Limited Liabili	ty Company				
L12000062330						
Document Number, if know	wn			'		
A copy of this resignation was mai	led to the above liste	d limited liabilit	y company at its	s last known add	iress.	
The agency is terminated and the o	office discontinued or	The 31st day aff	ler the date on w	which this statem	ient is fi	led.
	Signature	of Resigning Agen	ī.	271		
If signing on behalf of an entity:				SECRET	2817 @CT 26	T
	Typed or Prir	ited Name		33.55 33.55		#
	Capacity	,		FSTATE	至 8 2	

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. Bex 6327 Tallahassee, FL 32314