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SECRETARY OF STATE
-SECRETARY OF STATE

J. SAULSBERRY EXAMINER NOV 16 2012

COVER LETTER

Division of Corporations The Produce Place, LLC. (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Mary I. Faleris (Contact Person) The Produce Place, LLC. (Firm/Company) 6899 SE 65th Avenue (Address) Trenton, Florida 32693-2770 (City/State and Zip Code) For further information concerning this matter, please call: Mary I. Faleris (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ₩ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (5/06)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	imited liability company as it app	ears on the records of the Flo	rida Dep	artment
of State is: The	Produce Place, LLC.	· .		
	lity company was organized unde	r the laws of:	SECRETARY O	21 NON 128
3. The Florida docu L120000663	ment/registration number of this	limited liability company is:	FLORIDA	断 6 22
4. I, Walker L. Le	ee	hereby resign as a MGRM		
(Print No	ume of Person Resigning)	(Pr	int Title)	
of this limited liab resignation in wri	oility company and affirm the limiting.	ted liability company has bee	n notifie	d of my
Signature of Resi	gning Member, Managing Member	er or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			