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COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	Green Glades Farms LLC			
	(Name of Limited Liability Company)			
The enclosed	d member, resignation or diss	sociation and fee(s	are submitted fo	r filing.
Please return	all correspondence concern	ing this matter to:		
Jason E. M	lerritt			
	(Contact Person)	-	_	17 Ki
Hopping Green & Sams, P.A.				
_	(Firm/Company)		_	67 F
119 South	Monroe Street, Suite 300		_	
	(Address)			
Tallahasse	e, FL 32301			>-
	(City/State and Zip Code)		_	
For further i	nformation concerning this n	natter, please call:		
Jason E. M	1 erritt	850 at (222-7500	
(1)	lame of Contact Person)		e & Daytime Teleph	one Number)
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Registration Section			Registration Section	
Division of Corporations			Division of Corporations	
Clifton Buil			P.O. Box 6327	14 20214
	tive Center Circle		Tallahassee, Flor	nda 32314
i alianassee.	Florida 32301			

CR2E079 (2/14)

DISSOCIATION OR RESIGNATION OF MEMBER AND MANAGER FROM FLORIDA 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: GREEN GLADES FARMS LLC.
- 2. The Florida document/registration number assigned to this limited liability company is: L12000102796.
- 3. The date this member/manager withdrew/resigned is: January _______, 2018.
- 4. I, Michael B. Langston, as Trustce of the Michael B. and Cathleen A. Langston Revocable Family Trust, hereby withdraw as a member of this limited liability company and resign as a manager of this limited liability company and affirm the limited liability company has been notified of my withdrawal and resignation in writing.

Michael B. Langston, as Trustee of Michael B. and Cathleen Λ. Langston Revocable Family

Trust

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