LIZCCC 132431

| (Requestor's Name) |
|---|
| (Address) |
| (1001033) |
| (Address) |
| (City/State/Zip/Phone #) |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| Office Use Only |

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COVER LETTER

TO: Registration Section Division of Corporations

LAI LAI FARM, LLC SUBJECT:

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LEYLA SCAPARONE

(Contact Person)

JOHN P. MAAS, P.A.

(Firm/Company)

44 NE 16TH STREET

(Address)

HOMESTEAD, FLORIDA 33030

(City/State and Zip Code)

For further information concerning this matter, please call:

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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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: _____
- 2. The Florida document/registration number assigned to this limited liability company is: L12000132431
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 27, 2022

4. I, ______, hereby withdraw/resign as a ______, hereby withdraw/resign as a

Member and Manager Part KW.

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional) Filing Fee: \$25.00 (Required)