

L130000018713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

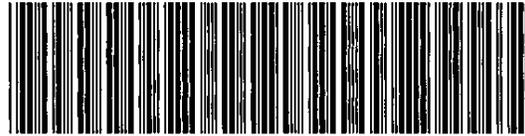
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILING CANCELLED
RETURNED CHECK

05/26/15--01032--016 **25.00

15 MAY 26 AM 11:07
DIVISION OF CORPORATIONS

JUN 1 2015
C LEWIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sugars Farmers Market, LLC
(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:

Margaret Stile/Robert Stile
(Contact Person)

Sugars Farmers Market,
(Firm/Company)

5920 W. Oakland Park Blvd.
(Address)

Lauderhill, FL 33313
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Stile/Margaret Stile at 561 704-9505
(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:

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

FILING CANCELLED RETURNED CHECK



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 MAY 26 AM 11:07

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: Sugars Farmers Market, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000018713

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/6/2015

4. I, George Stile, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
GEORGE STILE
(Print Title)

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

George Stile
Signature of Dissociating Member or Resigning Manager

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