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FAIL MESSEE FLORD

K. SALY EXAMINER

JAN - 9, 2014

COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: FARM LIFE UNLIMITED, 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:

Cesar Rodriguez

(Contact Person)

FARM LIFE UNLIMITED, LLC

(Firm/Company)

411 N NEW RIVER DR E, Ste 401

(Address)

FORT LAUDERDALE, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Cesar Rodriguez

at (<u>954</u>) <u>552-3968</u> (Area Code & Daytime Telephone Number)

(Name of Contact Person)

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

	limited liability company as i		of the Florida Department	
2. This limited liab	lity company was organized	under the laws of:		
3. The Florida docu L130000807	ment/registration number of '54	this limited liability com	npany is:	
4. J. BRODERICK BOLTON		, hereby resign as a	_, hereby resign as a Managing Member	
	ame of Person Resigning)	<u>, , , </u>	(Print Title)	
of this limited lial resignation in wri	oility company and affirm the ting.	e limited liability compar	ny has been notified of my	
Brossin	l poffor	12/05/	/13	
Signature of Resi	gning Member, Managing M	ember or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			