## 113000085390

(Req	uestor's Name)	
(Add)	ress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
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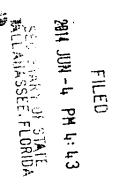
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06/04/14--01019--016 \*\*25.00

resignation of MGRM



DD R 6/17/14

## COVER LETTER

Division of Corporations
SUBJECT: AFL Farms 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:
LISA GUEVARA (Contact Person)
A & L Farms LLC (Firm/Company)
1603 15th St SE (Address)
Rusic in F1 33570 (City/State and Zip Code)
For further information concerning this matter, please call:
LISA GUEVAVA at (813) 641-2649  (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 & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

2014 JUN - 4 PM 4: 43

SECULIARY OF STATE
MALLAHASSEE, FLORIDA

## 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: A &	L Farms LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L13000	0085,390
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 5-29-14
4.1, Abel G	
MGRM	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Spel	Carellare
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv	\$30.00 (Ontional)