

L130000 85390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

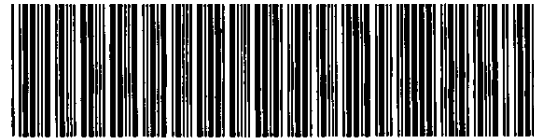
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form
LLC

Office Use Only



900294501879

01/23/17--01023--010 **35.00

17 FEB -3 AM 10:33

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FEB 06 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & L 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)

2619 14th Ave SE

(Address)

Ruskin FL 33570

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Guevara

(Name of Contact Person)

at (813) 641-2649

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2017

LISA GUEVARA
2619 14TH AVE SE
RUSKIN, FL 33570

SUBJECT: A&L FARMS LLC
Ref. Number: L13000085390

We have received your document for A&L FARMS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 917A00001597

RECEIVED
2017 FEB -3 PM 4:37
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
17 FEB -3 AM 10:33
SECRETARY OF STATE
DIVISION OF CORPORATIONS



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: A&L Farms, LLC

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

L13000085390

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/16/17

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

MGRM
(Print Title)

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

Lisa Guverara
Signature of Dissociating Member or Resigning Manager

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 FEB -3 AM 10:33