13000146672

•				
. (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:				

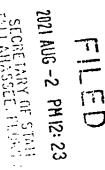
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08/17/2021 HT



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	LITTLE RIVER FARMS PARTNER	SHIP, LLC	
	(Name of Linu	ted Liability Cor	mpany)
The en	nclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please	e return all correspondence concerning t	this matter to:	
O. JEN	inings knox iii		
	(Contact Person)		_
SHAFI	FIELD BUILDING SPECIALTIES, INC.		
	(Firm/Company)		_
1515-2	HENWAY COURT		
	(Address)		_
TALL	AHASSEE, FL 32303		
	(City/State and Zip Code)		_
For fu	orther information concerning this matte	er, please call:	
O. JEN	NINGS KNOX III	850 at (528-6562
	(Name of Contact Person)	(Area Code	: & Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FILED

2021 AUG -2 PM 12: 23

SECRETARY OF STATE TALLAHASSEE, FLORE

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)

of State is:	LE RIVER FARMS PARTNER	RSHIP, LLC
2. The Florida docu L13000146672	ument/registration number	assigned to this limited liability company is:
3. The date this me	ember manager withdrew/r	resigned or will withdraw/resign is:
4. I, MESSER FAMI	ILY LAND, LLC	, hereby withdraw/resign as a
	Same of Person Resigning)	
MGRM	(Print Title)	
resignation in wr	riting.	the limited liability company has been notified of my
Signature of Di	issociating Member or Res	Signing Manager
Filing Fee:	\$25,00 (Required)	

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)