

L13000169972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

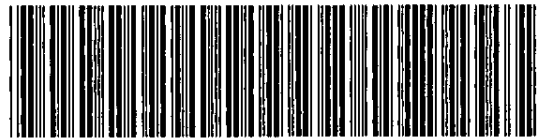
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400296021134

02/28/17--01003--020 \*\*100.00

FILED  
FEB 27 P 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren  
FEB 28 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FARRAWAY FLORIDA, 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:

CAROLYN KAHL

(Contact Person)

ROCA GONZALEZ P.A.

(Firm/Company)

3370 MARY STREET

(Address)

MIAMI, FLORIDA 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLYN KAHL

(Name of Contact Person)

at 305 859-6050

(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

**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: FARROWAY FLORIDA, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000169972

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2016

4. I, FARROWAY BUSINESS LTD., hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEMBER

*(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

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

**FILED**  
JAN FEB 21 P 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA