## L13000174953

. (Re	equestor's Name)			
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(Ci	ty/State/Zip/Phone	: #)		
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S. WARREN JAN 29 2018

## **COVER LETTER**

Registration Section

TO:

CR2E079 (2/14)

Division of Corporations HAINLIN MILL FARMS, LLC SUBJECT: (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: ONIEL ALVAREZ-LEON (Contact Person) HAINLIN MILL FARMS, LLC (Firm/Company) 21395 SW 216 ST (Address) MIAMI, FLORIDA 33170 (City/State and Zip Code) For further information concerning this matter, please call: ONIEL ALVAREZ-LEON (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: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



## 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)

	limited liability company as	it appears on the records of	f the Florida Department
2. The Florida docu L1300017495	ument/registration number as 3	ssigned to this limited liabil	ity company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resig	gn is:
4. I. NORGES LOPEZ  (Print Name of Person Resigning)			
MGRM			
	(Prim Title) bility company and affirm thiting.	e limited liability company	has been notified of my
Filing Fee:	ssociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager	FILED  18 JAN 26 AH 9: 1