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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divis	ion of Corporations				
SUBJECT:	DOBLE A FARM, LLC				
1,01,011	(Name of Limited	(Name of Limited Liability Company)			
The enclosed	l member, resignation or dissociati	on and fee(s	s) are submitted for filing.		
Please return	all correspondence concerning thi	s matter to:			
Beatriz De	La Rua				
	(Contact Person)	_	_		
Froehlich &	De La Rua CPA Firm				
	(Firm/Company)		-		
12008 Sout	th Shore Blvd ste 210				
	(Address)		_		
Wellington	, FI 33414				
	(City/State and Zip Code)		_		
For further in	nformation concerning this matter.	please call:			
BEATRIZ D		561 t (795-9500		
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Boxed{\Boxesia}\$ \$25 Filing Fee & Certified Copy					
Registration Division of C Clifton Build 2661 Execut	Corporations		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)

	limited liability company as it appears on the records of the Florida Departm LE A FARM, LLC	ent
2. The Florida doc L1400000516	ment/registration number assigned to this limited liability company is:	
3. The date this mo	mber/manager withdrew/resigned or will withdraw/resign is:	
	LA RUA	_
MANAGER		
	Print Title)	
of this limited lia resignation in wr	oility company and affirm the limited liability company has been notified of ting.	ny
	I for the	
Signature of D	ssociating Member or Resigning Manager	
_	\$25.00 (Required)	
Certified Conv.	\$30.00 (Optional)	