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COVER LETTER

Division of Corporations FLORIDA CANNING SOLUTIONS LLC DBA SOUTHERN CANNING 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: ALICIA F. KEEL (Contact Person) FLORIDA CANNING SOLUTIONS LLC (Firm/Company) 5210 THONOTOSASSA ROAD (Address) PLANT CITY, FLORIDA 33565 (City/State and Zip Code) For further information concerning this matter, please call: ALICIA F. KEEL (Name of Contact Person) (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: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO:

Registration Section





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)

	e limited liability company as it a	sppears on the records of the Florida Department S, LLC
2. The Florida doc		ned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	ed or will withdraw/resign is: 12/8/14
4. I, CLARENCE	KEEL IV	, hereby withdraw/resign as a
MANAGER		
	(Print Title)	
of this limited lia resignation in w		mited liability company has been notified of my
C_{2}	Il-to	
Signature of D	issociating Member or Resignin	g Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)	