

L14000170254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

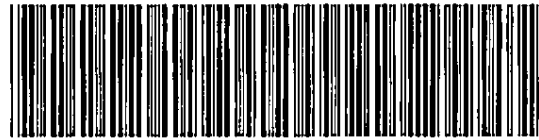
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Tall Pines Farms, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000170254

The enclosed Resignation of Registered Agent for a Limited Liability Company and fec are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise A Roberts

Name of Person

Tall Pines Farms, LLC

Name of Firm/Company

13008 Sunshine Grove Road

Address

Brooksville, FL 34614

City/State and Zip Code

tallpinesfarms.inc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise A Roberts

at (800) 218-8958
Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Gary Roberts

Name of Registered Agent

, hereby resigns as

Registered Agent for Tall Pines Farms, LLC

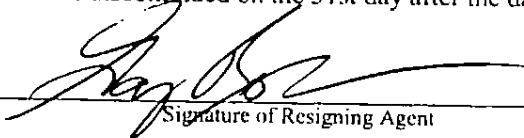
Name of Limited Liability Company

L14000170254

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314