

# L15000017931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

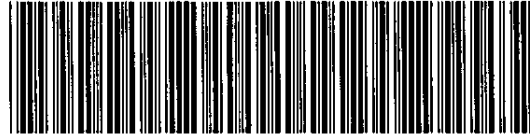
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100273596441

06/05/15--01010--014 \*\*55.00

FILED

2015 JUN -5 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUN -8 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hicks Farms 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:

Jordan Hicks  
(Contact Person)

Hicks Farms LLC  
(Firm/Company)

PO Box 112  
(Address)

Ponce de Leon, FL 32455  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jordan Hicks at (850) 209-9904  
(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:**

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

FILED  
2015 JUN -5 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Hicks Farms LLC

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

L15000017931

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5-16-15

4. I, Misty Hicks, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Authorized Person  
(Print Title)

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

Misty Hicks

Signature of Dissociating Member or Resigning Manager

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