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TALLAHASSEE, FLORIDA

MAY 21 2015

R. While

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations				
SUBJECT: E FARMS US.	A, LLC			
(Name of Limited Liability Company)				
The enclosed member, resignation	or dissociation and fee(s) are submitted for filing.		
Please return all correspondence co	oncerning this matter to:			
TERRY BOWIE				
(Contact Person))	_		
(Firm/Company)	<u></u>			
4865 PERSIMMON HOLLOW I	RD			
(Address)				
MILTON, FL 32583				
(City/State and Zip C	Code)			
For further information concerning	this matter, please call:			
TERRY BOWIE	850	384-6390		
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made	payable to the Florida I	Department of State for:		
\$25 Filing Fee		g Fee & Certified Copy		
ı				
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		
Tallahassee, Florida 32301				



FILLION

15 MAY 15 PM 3: 16

SECRETALITY STATE
STALLAMASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN ! JMITED 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:	E FARMS USA, LLC		
2. The Florida doc	ument/registration number	assigned to this limited liability company is:	
L1500003705	6		
3. The date this me	mber/manager withdrew/i	resigned or will withdraw/resign is:	
4. I, PSINGH (Print Name of Person Resigning)		hereby withdraw/resign as a	
(Print N	lame of Person Resigning)		
MGR MEMBI			
 	(Print Title)	•	
of this limited lia resignation in wr		the limited liability company has been notified of my	
HP	Sulv issociating Member or Ka		
Signature of Di	issociating Member or R≃	signing Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		