

L15000109280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

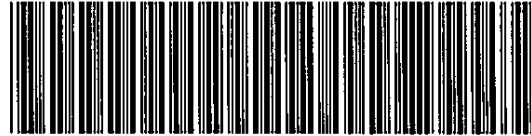
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

DEC 12 2016

**ROBERT C. WILKINS, JR., P.L.**

**TRANSMEMO**

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Date: December 6, 2016

To: DIVISION OF CORPS

Re: PORTER FARMS

Attorney Wilkins represents Jean Anne Porter, majority member and new manager of PORTER FARMS LLC.

Please find enclosed 3 cover letters with: **Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company; Articles of Amendment to Articles of Organization; and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.**

Also enclosed is this firm's check in the amount of \$75.00 representing the filing fees for these documents.

Please feel free to call or e-mail me if you have any questions or need additional information.

Thank you,

~~Cynthia L. Anderson,~~  
Assistant to Robert C. Wilkins, Jr.

341 N. Maitland Avenue, Suite #346  
Maitland, Florida 32751  
Telephone: 407-539-2798  
Facsimile: 407-539-1995  
[cla@wilkinslegal.com](mailto:cla@wilkinslegal.com)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PORTER 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:

JEAN ANNE PORTER

(Contact Person)

(Firm/Company)

9085 Town Center Parkway, #430

(Address)

Lakewood Ranch, Florida 34202

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert C. Wilkins, Jr., Esquire at 407 539-2798  
(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  
2016 DEC -9 PM 5:06  
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: PORTER FARMS LLC

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

L15000109286

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/16/2016

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

MANAGER  
(Print Title)

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

Jeff Porter

Signature of Dissociating Member or Resigning Manager

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