M5000 114206

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Ві	rsiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		:
	Office Use Only	



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COVER LETTER

TO: Registration Section Division of Corporations

GJJ FARMS LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L15000114206	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
MARANO, JODY	
Name of Person	•
GJJ FARMS LLC	
Name of Firm/Company	
1006 MORSE AVE	
Address	
SCHAUMBURG, IL 60193	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Susan K. Spurgeon 813	784-4668
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision:	s of section 605.0115, Florida Statutes, the undersigned	
Susan K. Spurgeon, Esq.	san K. Spurgeon, Esq, hereby resigns as	
	Name of Registered Agent	, 1-11-S. 11-11-11-11-11-11-11-11-11-11-11-11-11-
Registered Agent for	FARMS LLC	
	Name of Limited Liability Company	.
L15000114206		
Document Nun	nber, if known	
A copy of this resignation	was mailed to the above listed limited liability compar	ny at its last known address.
The agency is terminated	and the office discontinued on the 31st day after the da	te on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of an	entity:	mm JUL 29 SECTALLAHA
	Typed or Printed Name	(O - <
	Capacity	AH 8: 29

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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