

L16000000863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

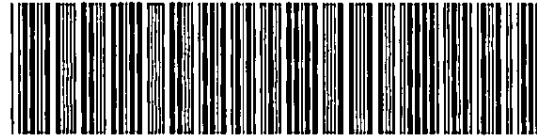
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600307910366

01/22/18--01030--025 \*\*25.00

01/22/18--01030--024 \*\*30.00

FILED  
2018 JAN 22 P 2:07  
TALLAHASSEE, FL 32310

D. SCOTT

JAN 23 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Parks 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:

Dr. Charles Richardson, MD/MBA  
(Contact Person)

Parks Farms, LLC  
(Firm/Company)

68 Ponte Vedra Colony Circle  
(Address)

Ponte Vedra Beach, FL 32082  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Charles Richardson at (704) 340-1662  
(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

CR2E079 (2/14)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

OK 3945

FILED  
2018 JAN 22 P 2:07



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: Parks Farms, LLC / Dr. Charles Richardson  
MD/ABA

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

L16000000863

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

2008  
N/A  
22  
P  
2007  
FILED

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

Managing member  
(Print Title)

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

Kenneth Long

Signature of Dissociating Member or Resigning Manager

Phone (784) 340-1662

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional) ✓

CK  
H  
3946

Dr. Charles Richardson  
Parks Farms, LLC  
Managing Member  
Kenneth Long  
member  
Phyllis Long