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(Requestor's Name)			
(Address)			
(Ad	idress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	ı	
H & A FARMS LLC SUBJECT:		
	ited Liability Con	прапу)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
David Michael Hill, Jr.		
(Contact Person)		-
H & A FARMS LLC		
(Firm Company)		-
\$151 Jones Avenue		
(Address)		-
Mount Dora, Ft. 32757		
(City/State and Zip Code)		=
For further information concerning this matter	er, please call:	
Michelle Jones	407 at (687-3652
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee		Department of State for; Fee & Certified Copy
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

CR2E079 (2/14)



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)

	limited liability company as A FARMS LLC	it appears on the records of the Florida Department	
2. The Florida doct	ument/registration number as	signed to this limited liability company is:	
	ember/manager withdrew/resi	gned or will withdraw/resign is:	
4. I. Travis Kuhn		, hereby withdraw/resign as a	
(Prim N VP	ame of Person Resigning)		
	(Print Title)		
of this limited ha resignation in wr		e limited liability company has been notified of my	
Signature of Di	issociating Member or Resign	ning Manager	
-	\$25.00 (Required) \$30.00 (Optional)		

FILEU MII: 50 AND 21 ANII: 50

CR2E079 (2/14)