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(Address)					
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SECRETARY OF STATE

D. BRUCE AUG 1 6 2020

COVER LETTER

_	sion of Corporations					
SUBJECT:	Chris Chris Farms					
COOLECT	(Name of Li	mited Liability Con	npany)			
The enclosed	d member, resignation or disso	ciation and fee(s	s) are submitted for filing.			
Please return	all correspondence concerning	g this matter to:				
Jennifer D. Sl	harpe, Esquire					
	(Contact Person)	······································	••			
Jennifer D. SI	harpe, P.A.					
	(Firm/Company)		_			
3020 NE 32n	d Avenue, Suite 226					
	(Address)		- _	ים: נ∖}	202	
Fort Lauderda	ale, Florida 33308		אַרר	30 - 2일 - 1일	7020 JUL -	4
	(City/State and Zip Code)		- Ans		9-1	, , -
For further in	nformation concerning this ma	tter, please call:	TO CO	975 777 777 840		1
Jennifer D. Sl	harpe	9 54 at (292-9000		ယ္	u _{ks}
(N	Tame of Contact Person)	····	& Daytime Telephone Numb	per)		
Enclosed ple \$25 Filing	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy			
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St. Tallahassee, FL 32303		10	



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)

2. The Florida document/registration number	assigned to this limited liability company is:
L16000179197	assigned to this intined habinty company is.
3. The date this member/manager withdrew/re	esigned or will withdraw/resign is:
Christine Hendler (Print Name of Person Resigning)	, hereby withdraw/resign as a
Manager	
(Print Title)	2020 JU PALL
of this limited liability company and affirm	the limited liability company has been untified of my
resignation in writing.	6 PH 3: 4 ASSEE, FL

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)