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SECRETARY OF STATE DIVISION OF CORPORATIONS

B FIGUEROA MAR 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT: Floricla Grown I (Name of Limited Liability Co	and Scape
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Joshua King (Contact Person)	_
Florida grown lands	cape
1527 39+1 ae (Address)	_
Vero Beach FL 32960 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
(Name of Contact Person) at (772 (Area Cod	2 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida la \$25 Filing Fee	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 compa	any as it appears on the records o	f the Florida Department
of State is: Floricla C	yown land	scape
. 2. The Florida document/registration num	ber assigned to this limited liabi	lity company is:
L17000240674	1 .	
3. The date this member/manager withdre	w/resigned or will withdraw/resi	ign is: 02 12 2018
4.1, Kelley Sunder! (Print Name of Person Resigning)	, hereby withdraw/res	•
Managey (Prini Title)	·	
of this limited liability company and aff	irm the limited liability company	has been notified of my
resignation in writing.		± opvo
Signature of Dissociating Member or	Resigning Manager	SECRET VISION C
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		FILED SIA OF CORPORAL