## 118000104243

| (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: |
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Office Use Only



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## COVER LETTÉR É

Registration Section

TO:

| Division of Corporations  |
|---|
| SUBJECT: Green tree Farms, UC (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:   |
| Keith Kerr (Contact Person)   |
| Greentree Farms (Firm/Company)  |
| 14550 Giddyup Lane  |
| Hudson, FL 34689<br>(City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| Keith Kenn at (727) 550 - 7863 (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 Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Mailing Address: Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



## 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 l                        | imited liability company as it           | appears on the records of the Florida Depart | ment        |
|---|--|--|-------------|
| of State is: <u>G</u>                       | reentree Farr                            | ns LLC                                       | ·           |
| 2. The Florida docu                         | ment/registration number assi            | gned to this limited liability company is:   |             |
| L18000                                      | 104243                                   | <u></u> .                                    |             |
| 3. The date this mer                        | nber/manager withdrew/resign             | ned or will withdraw/resign is: 10 - 26 - 24 | <u> </u>    |
| 4.1. Lori G                                 | reentree<br>me of Person Resigning)      | , hereby withdraw/resign as a                |             |
| Manag                                       | Print Title)                             |  |             |
| of this limited liab<br>resignation in writ |  | imited liability company has been notified o | fmy         |
| Loris                                       | reentree                                 |  | 7/01/00/130 |
| Signature of Dis                            | sociating Member or Resignii             | ng Manager                                   | ) i 30      |
| Filing Fee:<br>Certified Copy:              | \$25.00 (Required)<br>\$30.00 (Optional) |  | VII 10: 1   |
|   |  |  |             |