

(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



500434689385

2024 OCT | 8 PM | 1: 55

RECEIVED

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/18/2024

NAME:

M&T ORGANIC LLC

TYPE OF FILING: RESIGNATION OF RA

COST:

85.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

ABBIR/PAUL HODGE AUTHORIZATION:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.01	15, Florida Statutes, the und	dersigned,			
B&C CORPORATE SERVICES, INC.			, hereby resigns a	hereby resigns as		
	Name of Registered Ag					
Registered Agent for	M&T ORGANIC LLC		····			
	Name of Lir	mited Liability Company			·	
		, , ,				
L18000154542						
Document N	Sumber, if known					
A copy of this resignat	ion was mailed to the	above listed limited liabilit	y company at its las	t known a	ddress.	
The agency is terminat	ed and the office disc	ontinued on the 31st day af	ter the date on which	h this state	ement is filed	
	ã	Fanice Chasey				
		Signature of Resigning Agent	t			
If signing on behalf of	an entity:					
	Janice Chasey					
		Typed or Printed Name		`.	<u>~</u>	
	Vice President					
		Capacity		. •	()	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	iiiiv company	solved/;	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314