L18000168097

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TO:	Registration Section Division of Corporations		
SUBJ	Flo-Ag, LLC		
	(Name of Lim	ited Liability Con	npany)
The e	nclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
Jose	Flores		
	(Contact Person)		-
Flo-A	Ag, LLC		
	(Firm/Company)		_
1457	Evans Road		
	(Address)		_
Labe	elle, FL 33935		
	(City/State and Zip Code)	·	-
For fi	arther information concerning this matt	er, please call:	
Jose	Flores	239 at (478-6820
	(Name of Contact Person)	_ \	& Daytime Telephone Number)
	osed please find a check made payable t 5 Filing Fee		Department of State for: g Fee & Certified Copy
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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)

		as it appears on the records of the Flor	rida Department
of State is: Flo-	Ag, LLC		
2. The Florida doc L1800016809	ument/registration number 7	assigned to this limited liability comp	any is:
3. The date this me	ember/manager withdrew/r	resigned or will withdraw/resign is:, hereby withdraw/resign as a	/18/2019 22
(Print A	lame of Person Resigning)	, hereby withdraw/resign as a	25 On
Managing Member			A Di
	(Print Title)		ight io
of this limited lia resignation in Wr		the limited liability company has been	notified of my
Signature of D	issociating Member or Res	signing Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		