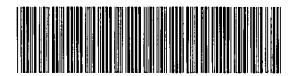
48000 180066

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: Forever Florida Honey	
(Name of Limited Liab	ility Company)
The enclosed member, resignation or dissociation at	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to:
Christopher Sabo (Contact Person)	
(Firm/Company)	
1410 Vienetia St (Address)	
Mokomis FL 34275 (City/State and Zip Code)	
For further information concerning this matter, please	se call:
Christopher Sabo at (Manne of Contact Person) (Are	191) 223 –3642 ca Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl □ \$25 Filing Fee □ \$55	orida Department of State for: 5 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

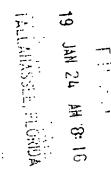
CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



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 company as it appears on the records of the Florida Department
of State is: <u>Fo</u>	rener Florida Honey
	ument/registration number assigned to this limited liability company is:
<u> L180001</u>	8066
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is: 12/3//20/8
4. I. Christop	hus It Salvo, hereby withdraw/resign as a lame of Person Resigning)
AMBR	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Christopher Signature of Di	H Labo issociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)