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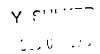


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SECRETARY OF STATE ALL AHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Big River Honey, LLC (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:
Joseph F. Cantu (Contact Person)
Big River Honey, LLC (Firm/Company)
4584 County Rd 386, N (Address)
Wewahitchka, Fl 32465 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (\$\frac{\\$03}{3}\) 181-1210 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

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:B	ig River Honey, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
18000	78/645 FEE 19
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
	hereby withdraw/resign as a man of Person Resigning), hereby withdraw/resign as a
MGK	ame of Person Resigning) Print Title)
of this limited lial resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Sestie	B. Cartu
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)