## 118000222911

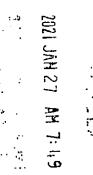
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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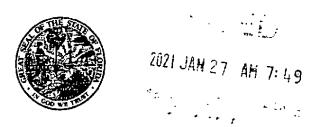


O SIMMONS MAR 1 0 2021

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CropWalk LLC (Name of Limited Liability Company)	ny)
The enclosed member, resignation or dissociation and fee(s) a	re submitted for filing.
Please return all correspondence concerning this matter to:	
Jason Ganthier (Contact Person)	
CropWalk LLC (Firm/Company)	
7901 4th Street N Suite 4208 St. (Address)	Petersburg, FL 33702
St. Petersburg, FL 33702 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Jason Gauthrer at (813) (Name of Contact Person) (Area Code &	500 220   Daytime Telephone Number)
Englosed please find a check made payable to the Florida Dep	ee & Certified Copy
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	reet Address: egistration Section ivision of Corporations he Centre of Tallahassee 115 N. Monroe Street, Suite 810 hallahassee, FL 32303

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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: CropWalk LLC
2. The Florida document/registration number assigned to this limited liability company is:
L180002Z2911
3. The date this member/manager withdrew/resigned or will withdraw/resign is: \( \sum_{\text{lose}} \) \( \sum_{los
Partner (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)