## LIBUOD 229 2162

(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



500319183575

10/04/18--01020--015 \*\*25.00

한테 인기 - 내 시 #: 58

## **COVER LETTER**

Division of Corporations
SUBJECT: VITO'S FARM I 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:
Please return all correspondence concerning this matter to:  Rau L Rodrisue 2  (Contact Person)
Vito's Farm T. LLC
17100 SW 172 Avenue
Mixmi FL 33187 (City/State and Zip Code)
For further information concerning this matter, please call:
Raul Raleigue 2 at (305) 608-5840  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  2 \$25 Filing Fee
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

**TO:** Registration Section



## 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)

		r <del>y</del> ,
1. The name of the	limited liability company as it appears on the records of the Flo	orida Department-
of State is:	Vito's Farm I, LCC	· · · · · · · · · · · · · · · · · · ·
2. The Florida docu	ument/registration number assigned to this limited liability com	1
	000229262	H: 58
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	10/1/2018
4.1. <u>TOSE</u>	Name of Person Resigning), hereby withdraw/resign as a	
inc	(Print Title)	
of this limited lia resignation in wr	ability company and affirm the limited liability company has been riting.	n notified of my
A6	arcia	
Signature of Di	issociating Member or Resigning Manager	
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	