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(Re	questor's Name)	
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COVER LETTER

Division of Corporations Florida Honey Pot Farms, LLC **SUBJECT:** (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: Ronald Pillion/Renee Kirwan (Contact Person) Florida Honey Pot Farms, LLC (Firm/Company) 16877 East Colonial Dr Suite 415 (Address) Orlando FL 32820 (City/State and Zip Code) For further information concerning this matter, please call: Ronald Pillion (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	e limited liability company as it appears on the records of the Florida Department da Honey Pot Farms, LLC
2. The Florida doc L18000260460	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Colleen McArth	, hereby withdraw/resign as a warms of Person Resigning)
Managing Memb	
	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)