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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**M M
RESIGN**

(Business Entity Name)

(Document Number)

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R. WHITE
JAN 13 2020

2019 11-2 PM 2:12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sitaree Farms, 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:

Michelle Castellanos

(Contact Person)

Sitaree Farms, LLC

(Firm/Company)

1409 SW 18th Street

(Address)

Ft. Lauderdale, FL 33315

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Castellanos

(Name of Contact Person)

at (305)

812-1014

(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

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

CR28079 (2/14)

*see back
for 2nd page
with signature*



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2019 DEC -2 PM 2:12

**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: Sitaree Farms, LLC
2. The Florida document/registration number assigned to this limited liability company is: LI9000036959
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/19/2019
4. I, ~~DAVID METEE~~ DAVID METEE, hereby withdraw/resign as a
(Print Name of Person Resigning)
AP
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

David A. Metee

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)