

L19 0000 369 59

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

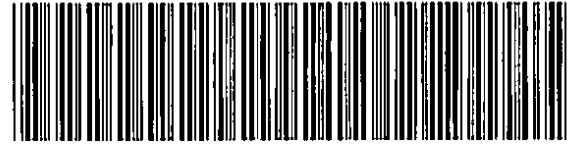
(Document Number)

Certified Copies _____

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05/05/23 - 01/01/24 - 003 **25.00

2023 MAY-5 PM 9:16
STANDARD
TALL MOUNT

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:

Jessica Castellanos

(Contact Person)

Sitaree Farms LLC

(Firm/Company)

14011 Luray Rd

(Address)

SW Ranches, FL 33330

(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Castellanos

732

343-3020

at ()

(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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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: Sitaree Farms LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000036959

3. The date this member/manager withdrew/resigned or will withdraw/resign is: January 10, 2023

4. I, Michelle Castellanos, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

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

**SIGN
& DATE**
Michelle

[Signature]
Signature of Dissociating Member or Resigning Manager

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