119000057838

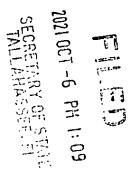
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| 10(13/2) |

Office Use Only



400374358374

10/06/21--01015--021 **25.00



COVER LETTER

| _ | stration Section sion of Corporations | · | | |
|----------------|--|----------------------|--|--|
| SUR IFCT: | Agricultural Technologies Group | | | |
| 50001.01. | (Name of Limited Liability Company) | | | |
| The enclosed | d member, resignation or dis | sociation and fee(| s) are submitted for filing. | |
| Please returi | n all correspondence concern | ing this matter to: | | |
| Kurt Neyhart | | | | |
| | (Contact Person) | | aut. | |
| Agricultural T | echnologies Group LLC | | | |
| - | (Firm/Company) | | _ | |
| PO Box 56898 | 37 | | | |
| | (Address) | | | |
| Orlando, FL 3 | 2856 | | | |
| | (City/State and Zip Code) | | _ . | |
| For further i | nformation concerning this n | natter, please call: | | |
| Kurt Neyhart | | 407 | 595-5075) e & Daytime Telephone Number) | |
| (1) | Jame of Contact Person) | (Area Code | e & Daytime Telephone Number) | |
| Enclosed ple | ease find a check made payat | ole to the Florida I | Department of State for: | |
| CAL\$25 Filin | | | g Fee & Certified Copy | |
| | ng Address: | | Street Address: | |
| | stration Section | | Registration Section | |
| | sion of Corporations Box 6327 | | Division of Corporations The Centre of Tallahassee | |
| | shassee, FL 32314 | | 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303 | |



FILED

2021 OCT -6 PH 1: 09

SECRETARY OF STATE TALLAHASSES FL

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)

| | limited liability company as it appears on the records of the Florida Department |
|--|---|
| 2. The Florida docu | unent/registration number assigned to this limited liability company is: |
| | mber/manager withdrew/resigned or will withdraw/resign is: September 1, 2021 |
| 4. I, Rachel E. Neyhar | , hereby withdraw/resign as a ame of Person Resigning) |
| Manager | |
| - 1 | Print Title) |
| of this limited liab resignation in wri | oility company and affirm the limited liability company has been notified of my ting. |
| (auc & | 1) Leyhart |
| Signature of Di | ssociating Member or Resigning Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) |