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Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SHUFFIELD LOWMAN
Account Number : 120030000118
Phone : (407)581-9800
Fax Number : (407)581-9801

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: registeredagent-wrl@shuffieldlowman.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BAREFOOT FOREST NURSERY LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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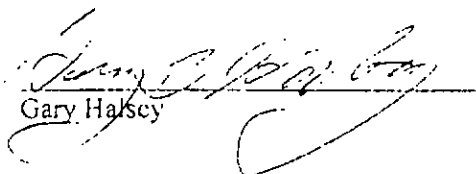
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**DISSOCIATION OR RESIGNATION OF MEMBER AND/OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BAREFOOT FOREST NURSERY, LLC
2. This limited liability company was organized under the laws of FLORIDA.
3. The Florida document/registration number of this limited liability company is: L19000089743
4. The date this member/manager withdrew/resigned or will withdraw/resign is: November 29, 2021
5. I, GARY HALSEY, hereby resign, hereby resign as a Member, Manager, officer, director, employee and any and all other positions of the Company and affirm the Company has been notified of my resignation in writing

November 29, 2021.


Gary Halsey

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TALLAHASSEE, FLORIDA