

L20000147038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

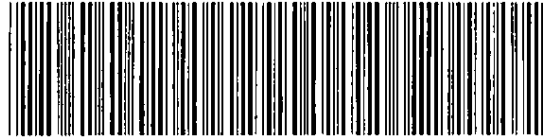
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300412485993

07/20/23--01010--019 \*\*25.00

FILED  
2023 JUL 20 AM 11:27

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Agricultural Hauling 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:

Johanna Torres

\_\_\_\_\_  
(Contact Person)

Agricultural Hauling LLC

\_\_\_\_\_  
(Firm/Company)

5753 Strawberry Lake Circle

\_\_\_\_\_  
(Address)

Lake Worth FL 33463

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Johanna Torres

561

8779427

\_\_\_\_\_ 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: Agricultural Hauling, LLC

2. The Florida document/registration number assigned to this limited liability company is: L20000147038

07/12/2023

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_  
Johanna Torres

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager, AP and Registered Agent

\_\_\_\_\_  
*(Print Title)*

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

2023 JUL 20 AM 11:27  
RECEIVED