LZU 000 191103

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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MM 3 1 2021 S. YOUNG

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Organic Recet Growers 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:				
Hans Mco-Voung (Contact Person)				
Crganic 20ct Growers LLC (Firm/Company)				
243CO SW 199 AVC (Address)				
Homestead, FL. 33631 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Hans Mco - Voungat (786) 837 - 3187 (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for:				
□ \$55 Filing Fee & Certified Copy				
Mailing Address: Street Address:				
Registration Section Registration Section				
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 l	limited liability co	mpany as it ap	pears on the record	ls of the F	lorida	Depar	tment
of State is:	rganic	200t	Growe	ers	LL	<u>C</u>	······································
2. The Florida docu	ment/registration	number assigne	ed to this limited lia	ability cor	mpany	is:	
L 2000	CC19110	3					
3. The date this men	nber/manager witl	ndrew/resigned	or will withdraw/r	esign is:			
4. I, <u>2051C</u> (Print Na	me of Person Resigni	ourg ng)	, hereby withdraw/	resign as	a		
Mana	Prind Title)	·					
of this limited liab resignation in writ		affirm the lim	ited liability compa	any has be	een not	ified o	of my
Res	sociating Member	ymog				?	
Signature of Dis	sociating Mende	or Resigning	Manager			2020 DEC 16	
Filing Fee: Certified Copy:	\$25.00 (Require \$30.00 (Option	,			# # # # # # # # # # # # # # # # # # #	316 MM 6:	e a 1 2 2 3 4 4 4 5 mer