

L20000201420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

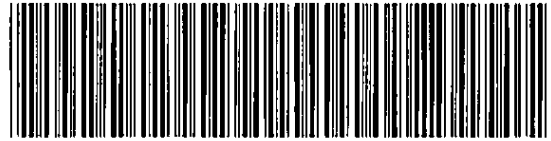
(Business Entity Name)

(Document Number)

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

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08/21/23--01025--021 \*\*50.00

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2023 AUG 21 AM 11:43

CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Total Ag Care 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:

David Michael Hill, Jr.  
(Contact Person)

Total Ag Care LLC  
(Firm/Company)

8151 Jones Avenue  
(Address)

Mount Dora, FL 32757  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Jones at 407 687-3652  
(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: Total Ag Care LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1.20000201420

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/25/2023

4. I, Travis Kuhn, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

VP

*(Print Title)*

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

**FILED**  
**2023 AUG 21 AM 11:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**