

120000262431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

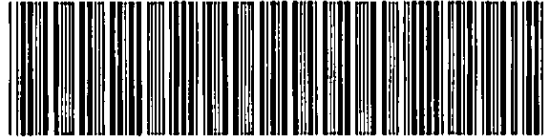
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JAN -3 PM 4:24
CLERK OF STATE
TALLAHASSEE, FL

M. GULKER
JAN 19 2022

TO: Registration Section
Division of Corporations

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

SUMMERFIELD, FL 34491

(City/State and Zip Code)

Enclosed please find a check made payable to the Florida Department of State for:

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: SOUTH MARION MEAT PROCESSORS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000262431

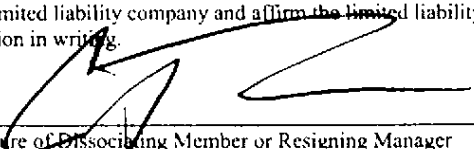
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/18/2021

4. I, CARLOS TARAFIA, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm ~~the~~ 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)

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CORPORATE STATE
TALLAHASSEE, FL