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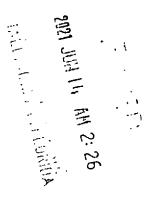
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Peaceful 10 (Name of Limited)	Liability Company)
The e	nclosed member, resignation or dissociatio	n and fee(s) are submitted for filing.
Please	e return all correspondence concerning this	matter to:
	Dawn M. Ellis (Contact Person)	
	Paceful 10 Farm (Fim/Company)	
21	739 Shady Grove Ra (Address)	<u>1</u> .
	Groveland, FL 35 (City/State and Zip Code)	173b
For fu	orther information concerning this matter, p	lease call:
	Name of Contact Person) at	(Area Code & Daytime Telephone Number)
Enclo  ☐ \$2:	sed please find a check made payable to th 5 Filing Fee	Florida Department of State for: \$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: Peace 10 10 10 Farm
2. The Florida document/registration number assigned to this limited liability company is:
L2 Occo 38 9 287
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $6-9-21$
4. l, Wicole Fills , hereby withdraw/resign as a (Print Name of Person Resigning)
AP _
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Mace Ellis 26
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Filing Fee:

Certified Copy:

\$30.00 (Optional)