121000524175

| (Re | equestor's Name) | |
|-------------------------|--------------------|----------------|
| (Ac | idress) | |
| (Ac | idress) | · · |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | J. 00 r | HORNE 2 4 2024 |
| | | 4 2024 |
| | | |

Office Use Only



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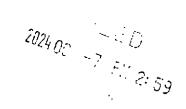
2024-001 - 7 - 111 2: 59

COVER LETTER

| | gistration Section vision of Corporations | | |
|-------------------|---|---------------------|--|
| SUBJECT | A & D Honey Farms LLC | | |
| | ompany) | | |
| The enclos | ed member, resignation or dis | sociation and fee | (s) are submitted for filing. |
| Please retu | rn all correspondence concern | ing this matter to | : |
| Royce Bodif | ord Jr | | |
| | (Contact Person) | . | |
| A & D Hone | y Farms LLC | | |
| | (Firm/Company) | | |
| 2013 N East | Ave | | |
| | (Address) | | |
| Panama City | , FL 32405 | | |
| | (City/State and Zip Code) | | _ |
| For further | information concerning this n | natter, please call | : |
| Royce Bodif | ord Jr | 850 at (| 630-1272 |
| (| Name of Contact Person) | | e & Daytime Telephone Number) |
| Enclosed p | lease find a check made payab ng Fee | | Department of State for: Ig Fee & Certified Copy |
| Reg Div P.O | ling Address: gistration Section ision of Corporations . Box 6327 ahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

CR2E079 (2/14)





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)

| | e limited liability company as it appears on the records of the Flor | rida Department |
|--|---|-----------------|
| | ument/registration number assigned to this limited liability comp | any is: |
| 3. The date this me | ember/manager withdrew/resigned or will withdraw/resign is: | /02/2024 |
| 4. I, Dawn Bodiford | , hereby withdraw/resign as a warme of Person Resigning) | |
| Authorized Memb | | |
| | (Print Title) | |
| of this limited lial resignation in wri | bility company and affirm the limited liability company has been iting. | notified of my |
| \bigcap | mBody O | |
| Signature of Di | ssociating Member or Resigning Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | |