L22000156657

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

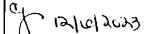




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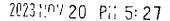
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COVER LETTER

TO: Registration Section Division of Corporations	
Doe Hill Farms, LLC SUBJECT:	
(Nam	e of Limited Liability Company)
The enclosed member, resignation or	dissociation and fee(s) are submitted for filing.
Please return all correspondence conc	eerning this matter to:
Bryan W Paul, II	
(Contact Person)	
Doe Hill Farm, LLC	
(Firm/Company)	
5701 Fort Denaud Road Mail: PO	Box 2357
(Address)	
Labelle, FL 33935 Labe	elle, FL 33975
(City/State and Zip Coc	le)
For further information concerning th	is matter, please call:
Bryan W Paul, II	863 260-3380 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made pa	ayable to the Florida Department of State for:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tailahassee, FL 32314	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)

Doc	e limited liability company a Hill Farms, LLC	is it appears on the records of the l	Florida Department
2. The Florida doc 1.22000156657	ument/registration number a	nssigned to this limited liability co	mpany is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:	Nov. 1, 2023
Have R. Paul		, hereby withdraw/resign as	
Member			
	• •	he limited liability company has b	een notified of my
resignation in wr	issociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		