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## **COVER LETTER**

TO: Registration Section **Division of Corporations** CC GROWERS QUALITY LLC SUBJECT: (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: ERNESTO CORDERO (Contact Person) CC GROWERS QUALITY LLC (Firm/Company) 16100 E STATE ROAD 64 (Address) BRADENTON, FLORIDA 34212-9006 (City/State and Zip Code) For further information concerning this matter, please call: ERNESTO CORDERO (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: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## FLORIDA DEPARTMENT OF STATE OF STATE TALLAHASSEE, FL

## 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 Florida Department
of State is:	GROWERS QUALITY LLC
2. The Florida doc L23000257729	cument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Isaac Hayes (Print )	, hereby withdraw/resign as a Name of Person Resigning)
Authorized Mem	ber
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
ISAAC	issociating Member or Resigning Manager
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)
Certified Copy:	\$30.00 (Optional)