## M0900000 4059

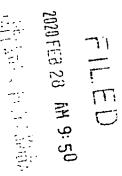
(Requestor's Name)
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Resignation

MAR 2 0 2020 I ALBRITTON

## COVER LETTER ...

	ation Section n of Corporations		
SUBJECT:	Q AG Solutions, LLC		
	(Name of Lin	nited Liability Cor	mpany)
The enclosed m	nember, resignation or dissoc	iation and fee(s	s) are submitted for filing.
Please return al	ll correspondence concerning	this matter to:	
James Holloway			
	(Contact Person)		<del></del>
EQ AG Solutions	, LLC		
	(Firm/Company)		_
PO Box 154			
	(Address)		_
Wimauma, FL 33	598		
	(City/State and Zip Code)		_
For further info	ormation concerning this mat	ter, please call:	
James Holloway		813 at (	990-7548
(Nam	ne of Contact Person)		& Daytime Telephone Number)
Enclosed please	e find a check made payable	to the Florida I	Department of State for:
■ \$25 Filing F			g Fee & Certified Copy
Mailing A	Address:		Street Address:
	ation Section		Registration Section
P.O. Bo	n of Corporations		Division of Corporations The Centre of Tallahassee
	ssee, FL 32314		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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: EQ A	G Solutions, LLC
2. The Florida docs	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Patrick J. Curry	, hereby withdraw/resign as a lame of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssocieting Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)