

M110000000276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

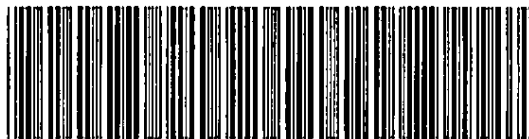
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

O SHIMMONS

DEC 08 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Okeechobee Meat Packing, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M11000000276

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Stropkaj

Name of Person

Hopping Green & Sams

Name of Firm/Company

Post Office Box 6526

Address

Tallahassee, Florida 32314

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Stropkaj at ( 850 ) 222-7500  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Hopping Green & Sams, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for Okeechobee Meat Packing, LLC

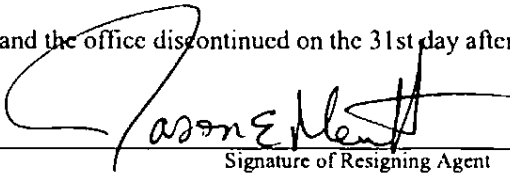
Name of Limited Liability Company

M11000000276

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Jason E. Merritt

Typed or Printed Name

Secretary/Treasurer

Capacity

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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2024 NOV 18 AM 6:45  
SECRETARY OF STATE  
TALLAHASSEE, FL