## P20000042725

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Degument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 7 ling Officer.
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: MANN FAMILY FARMS INC.	
	(Name of Corporation)
DOCUMENT NUMBER: P20000042725	
The enclosed Officer/Director Resignatio	n for a Corporation and fee are submitted for filing
Please return all correspondence concerni	ng this matter to the following:
RICHARD M. KNELLINGER	
(Name of Person)	
KNELLINGER & ASSOCIATES	
(Name of Firm/Company	<del>)</del>
2815 NW 13TH ST. SUITE 305	
(Address)	<del></del>
GAINESVILLE, FLORIDA 32609	
(City/State and Zip Code	<del>)</del>
For further information concerning this m	atter, please call:
RICHARD M. KNELLINGER	at (352 373-3334 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	able to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

FILED

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## SEU. TALLAHASŠĖE FL

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	VICE-PRESIDENT
.,	VICE-PRESIDENT, hereby resign as(Title)
MANN FAMILY FARMS INC.	
(Nam	e of Corporation)
P20000042725 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	·
Ste	(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314