L11000118953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☒ **FILING** Resignation of RA

1. Wedge Associates LLC Jule 22
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: La Victoria Farm LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000118953

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:

David L. Dufort
Name of Person

Diserio Martin O'Connor & Castiglioni LLP
Name of Firm/Company

One Atlantic Street, 8th Floor
Address

Stamford, CT 06901
City/State and Zip Code

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

For further information concerning this matter, please call:

Rosa DiPreta at (203) 358-0800
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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