

L100000013388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HTK Farms, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John C. Bovay  
Name of Person

Salter Feiber, P.A.  
Firm/Company

3940 N.W. 16th Blvd., Bldg. B  
Address

Gainesville, FL 32605  
City/State and Zip Code

virginia@sanchezfarms.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John C. Bovay at ( 352 ) 376-8201  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

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AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: HTK Farms, LLC

SECOND: The Florida Document number of the limited liability company is: L10000013388

THIRD: The street address of the limited liability company's principal office is:

479 N.E. 446th Street

Old Town, FL 32680

The mailing address of the limited liability company's principal office is:

479 N.E. 446th Street

Old Town, FL 32680

FOURTH: The date the statement of authority became effective is: 02/25/2015

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Granted to: Herman Sanchez, Jr., Virginia Sanchez,

Herman Sanchez III and/or Kelby Sanchez

*Virginia Sanchez, Trustee*  
Signature of authorized representative

Virginia Sanchez

Typed or printed name of signatory

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

CR2E145 (2/14)

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