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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atwood Family 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:

Ryan Atwood

Name of Person

Atwood Family Farms

Firm/Company

8151 Jones Ave

Address

Mount Dora, FL 32757

City/State and Zip Code

atwoodag@gmail.com

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

For further information concerning this matter, please call:

Ryan Atwood

at (352) 267-3229

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

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: Atwood Family Farms

SECOND: The Florida Document number of the limited liability company is: L13000155243

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

8151 Jones Ave

Mount Dora, FL 32757

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

8151 Jones Ave

Mount Dora, FL 32757

FOURTH: The date the statement of authority became effective is: 01/06/2016

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Ryan Atwood
Signature of authorized representative

Ryan Atwood
Typed or printed name of signature

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

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