

L18000238709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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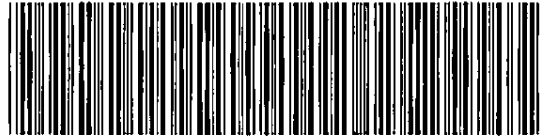
(Business Entity Name)

(Document Number)

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SECURITY DIVISION
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHAPEL VALLEY FARM

Name of Limited Liability Company

DOCUMENT NUMBER: L18000238709

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:

ROBERT CAULK

Name of Person

CHAPEL VALLEY FARM L.L.C.

Name of Firm/Company

25339 COUNTY ROAD 44A

Address

EUSTIS, FL 32736

City/State and Zip Code

RCCAULK1948@GMAIL.COM

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

For further information concerning this matter, please call:

ROBERT CAULK

at (352) 235-1422

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
FOR A LIMITED LIABILITY COMPANY**

FILED
2023 DEC 19 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FL

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

CANDI CAULK

, hereby resigns as

Name of Registered Agent

Registered Agent for CHAPEL VALLEY FARM L.L.C.

Name of Limited Liability Company

L18000238709

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.

Candi Caulk

Signature of Resigning Agent

If signing on behalf of an entity:

ROBERT CAULK

Typed or Printed Name

PRESIDENT

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**