620000119616

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
(,,,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
. , ,				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Peakz farm LLC Name of Limited Liability	y Company	
DOCUMENT NUMBER: L20000119616		
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee ar	e submitted
Please return all correspondence concerning this matter to t	he following:	
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company	-	
9900 Spectrum Dr.		•
Address		· ,
Austin, TX 78717	· ·	E111: 30
City/State and Zip Code	- <u>18 -</u> 1	SO
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report notification)	-	
For further information concerning this matter, please call:		
at (773-0888	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115	, Florida Statutes, the under	signed.
United States Corporation Agents, Inc.			. hereby resigns as
	Name of Registered Agen		
Registered Agent for Pe	eakz farm LLC		
	Name of Limi	ited Liability Company	,
L20000119616			
Document Nur	nber, if known		
A copy of this resignation	n was mailed to the a	bove listed limited liability	company at its last known address.
The agency is terminated	l and the office disco	ntinued on the 31st day after	the date on which this statement is filed
		Signature of Resigning Agent	
If signing on behalf of ar	n entity:		
	Cheyenne Mose	ley	
	T	yped or Printed Name	
	Asst. Secretary for United States Corporation Agents, Inc.		
		Capacity	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany CO ed/ voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314