

L20 000 246502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800356827908

12/30/20--01014--016 **85.00

FEB 10 2021
S. YOUNG

2020 DEC 30 PM 6:43

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Levy Lake Farm, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000246502

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:

Karen Wolfsheimer

Name of Person

Levy Lake Farm, LLC

Name of Firm/Company

12636 SW 17th Drive

Address

Micanopy, FL 32667

City/State and Zip Code

wacahootakj@gmail.com

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

For further information concerning this matter, please call:

Jonathan M. Turner

at (352) 376-5242

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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