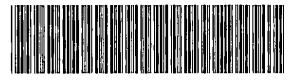
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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	(Document Number)
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FEB 10 2021 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Levy Lake Farm, LLC Name of Limited Liability	Company
•	Company
DOCUMENT NUMBER: L20000246502	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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 352 at (376-5242
Name of Person Area Code)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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