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SECRETARY AND STATE

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FEB 1 3 2024 D CUSHING



January 19, 2024

Florida Department of State Division of Corporations PO Box 6237 Tallahassee, FL 32314

RE: Registered Agent Resignation(s)

Hello,

Enclosed are Registered Agent Resignation(s) for filing.

Should you have any questions or concerns, please do not hesitate to reach out.

Registered Agent Department
First Corporate Solutions, Inc.
916.313.8925
RAServices@ficoso.com | www.ficoso.com
914 S Street, Sacramento, CA 95811

2024 JAH 30 PM 1: 37

COVER LETTER

TO: Registration Section Division of Corporations

HONEY LAKE FARMS LLC SUBJECT:		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L21000412418		
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are	submitted
Please return all correspondence concerning this matter to the	ne following:	
RA Services		
Name of Person		
First Corporate Solutions Inc		
Name of Firm/Company		
914 S St		
Address	•	
Sacramento CA 95811		
City/State and Zip Code		
RAServices@ficoso.com		
E-mail address: (to be used for future annual report notification)		2024
For further information concerning this matter, please call:	+ 5 + 1 + 2	2024 JAN 30
RA Services 844	392-7588	30
Name of Person Area Code	Daytime Telephone Number	R III
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve limited liability company.	at of State for \$85.00 for an actived, voluntarily dissolved or with	ve limited

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 AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the pro	ovisions of section 605.01	15, Florida Statutes, the une	dersigned,		
Name of Registered Agent			, hereby resigns as		
Registered Agent f	forHONEY LAKE FARM	S LLC			
	Name of Li	mited Liability Company		···································	
L21000412418					
Docum	ent Number, if known				
A copy of this resig	gnation was mailed to the	above listed limited liability	ty company at its last known a	ddress.	
The agency is term	ninated and the office disc	continued on the 31st day af	fer the date on which this state	ment is file	ed.
	<u>fed</u>	Signature of Resigning Agen	<u> </u>		
If signing on behal	f of an entity:	O			
	Richard Ahrens		9	20	
	CFO	Typed or Printed Name		2024 JAN 30	
		Capacity		30	- The state of the
	FILING \$ 85.00 \$ 25.00	G FEES: Active limited liability Administratively dissol withdrawn limited liab	ved/ voluntarily dissolved/ :-	PM 1: 37	フ

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