

M14 000005591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

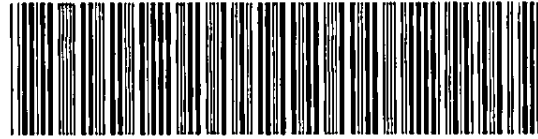
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2024 JUL 24 AM 11:09

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ALLAHABAD, FLORIDA

2024 JUL 24 PM 1:54

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**FLORIDA FILING & SEARCH SERVICES, INC.**

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**DATE: 07/23/2024**

**NAME: LAKEWOOD PARK FARM, LLC**

**TYPE OF FILING: WITHDRAWAL**

**COST: 55.00**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAKEWOOD PARK FARM, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa A. Gaul

\_\_\_\_\_  
(Name of Person)

International Farming Corporation

\_\_\_\_\_  
(Firm/Company)

1318 Dale Street

\_\_\_\_\_  
(Address)

Raleigh, NC 27605

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa A. Gaul

\_\_\_\_\_  
(Name of Person)

252

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

523-2800

**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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &

☒ \$55 Filing Fee &

☐ \$60 Filing Fee,

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

**FILED**  
2024 JUL 26 AM 11:09  
STATE

LAKEWOOD PARK FARM, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

August 5, 2014

\_\_\_\_\_  
(Date registered with Florida Department of State)

M14000005591

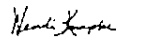
\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

  
DO NOT WRITE IN THESE SPACES

\_\_\_\_\_  
(Signature of authorized representative)

Wendi Knapke

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**