A11000000670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

gr 3/1/2023

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: BUCKEYE LAND, LLLP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:

Contact Person

Drummond Legal Advisors PLLC

Firm/Company

601 Brickell Key Drive, Suite 901

Address

Miami, FL 33131

City/State and Zip Code

For further information concerning this matter, please call:

Name of Contact Person at (781) 7700005 Ext. 233

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $52.50 Filing Fee
- [ ] $61.25 Filing Fee and Certificate of Status
- [ ] $105.00 Filing Fee and Certified Copy
- [ ] $113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION
FOR

FILED

BUCKEYE LAND, LLLP

2022 DEC 28 AM 7:23

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 09/12/2011, assigned Florida document number A11000000670, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution. (State why partnership is submitting dissolution)

The General Partner and the Partners unanimously decided upon the dissolution of the Partnership.

SECOND: ☐ A Notice of Dissolution is attached
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to or more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signature(s) of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.

Filing Fee:	$52.50
Certified Copy (optional):	$52.50
Certificate of Status (optional):	$8.75