

A 120 0000 000190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

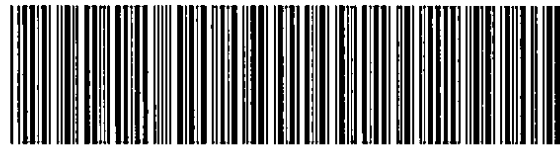
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Description - 6152?
check 739



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08/18/21 --0.029--032 *113.75

20 JUL -6 AM 11:45
STATE
REGISTRARS

Dissolution

AUG 15 2020

D CUSHING

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: AGRIPINE LP

(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:

SYLVIE LEGER

(Contact Person)

(Firm/Company)

3850 BOUL. ST-ELZEAR WEST, APP. 503

(Address)

LAVAL, QUEBEC, CANADA H7P 0L4

(City, State and Zip Code)

For further information concerning this matter, please call:

SYLVIE LEGER

(Name of Contact Person)

at (438)

(Area Code)

270-6936

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

RECEIVED

Apr 24 2020

20 APR -6 AM 11:45

U.S. DEPT. OF JUSTICE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2020

SYLVIE LEGER
3850 B OUL. ST-ELZEAR WEST, APP. 503
LAVAL, QUEBEC
CANADA W7P 0L4,

SUBJECT: AGRIPINE LP
Ref. Number: A12000000190

We have received your document for AGRIPINE LP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Office policy prevents this office from processing the enclosed check(s). All checks processed by this office must be payable in U.S. dollars and drawn on a bank located in the United States.

The notice of dissolution must contain: 1.) The name of the dissolved limited partnership; 2.) A statement that persons with unknown claims present them in accordance with the notice; 3.) A description of the information that must be included in a claim; 4.) A mailing address to which the claim may be sent; and 5.) A statement that a claim against the limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

if you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 320A00009690

*Sunbiz.org
- file online*

**CERTIFICATE OF DISSOLUTION
FOR**

AGRIPINE LP

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

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 APRIL 9, 2012, assigned Florida document number A12000000190, hereby submits this Certificate of Dissolution.

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

DO NOT NEED THE LIMITED PARTNERSHIP ANYMORE.

DO NOT CARRY BUSINESS ANYMORE

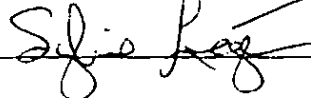
SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

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

(Effective date cannot be prior to nor 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.

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



MANAGING MEMBER OF
ABAUME LLC, GENERAL PARTNER

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