

# LOS 000122921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

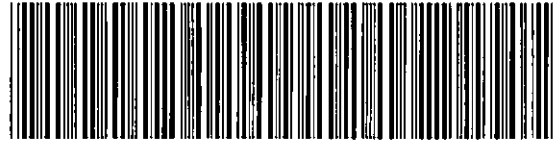
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600432961636

JUL 03/24--0001--000 44/000

FILED  
2024 JUL -3 PM 3:04  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brookdale Farms, LLC \_\_\_\_\_

**DOCUMENT NUMBER:** 1.05000122921 \_\_\_\_\_

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert W. Bivins

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

Bivins & Hemenway, P.A.

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

1060 Bloomingdale Avenue

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

Valrico, FL 33596

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

For further information concerning this matter, please call:

Robert W. Bivins \_\_\_\_\_ at ( 813 ) 643-4900  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status & Certified<br>Copy (Additional copy<br>is enclosed) |
|---|---|---|---|

**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

## Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Brookdale Farms, LLC

Document number of Limited Liability Company is: 1.05000122921

Date of dissolution was: June 28, 2024

Description of information that must be included in a written claim:

(1) Claimant name, mailing address, telephone number, and facsimile number.

(2) Description of the nature and amount of the claim, together with copies of invoices and other supporting documentation.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Brookdale Farms, LLC Post-Dissolution Claims

P.O. Box 3208

Plant City, FL 33563

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Chad C. Dumke, Manager

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**

FILED  
2024 JUL -3 PM 3:04  
TALLAHASSEE, FLORIDA