## LO7000013485

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40 Westminster Street, Suite 300 Providence, Rhode Island 02903 Telephone (401) 331-7272 Facsimile (401) 331-4404

November 4, 2021

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

Re:

Wightman's Farm, LLC Our File No. 92472

Dear Sir or Madam:

Enclosed please find Articles of Dissolution for Wightman's Farm, LLC, together with a completed cover letter and a check in the amount of Twenty-Five Dollars (\$25.00) as filing fee. Please file this and return a date stamped copy of the filed Articles of Dissolution to me in the enclosed self-addressed stamped envelope. Thank you for your attention and assistance.

Very truly yours,

JOHN P. MCCOY, ESO.

imecov@benjestlaw.com

JPM:vjo enclosure

## **COVER LETTER**

Registration Section

TO:

Division of Corporations			
SUBJECT:	Wightman's Farm, LLC		
SOBJECT.	(Name of Limited Liability Company)		
The enclosed	d Articles of Dissolution and fee(s) are submit	ted for filing.	
Please return	all correspondence concerning this matter to	the following:	
	John P. McCoy, Esq.		
	(Nar	ne of Person)	
	Bengtson & Jestings, LLP		
(Firm/Company)			
	40 Westininster Street, Suite 300		
	(Address)		
	Providence, RI 02903		
	(City/Sta	te and Zip Code)	
For further in	nformation concerning this matter, please call		
Joh	nn P. McCoy, Esq.	401 331-7272 at ()	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a	check for the following amount:		
<b>≣ \$</b> 25	.00 Filing Fee and Certificate of Dissolution	□ \$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	iling Address:	Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallabassee, FL 32303	

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Wightman's Farm, LLC
2.	The Articles of Organization were filed on February 5, 2005 and assigned
	document number L07000013485
3.	The delayed effective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document is received for 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.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	The occurrence is the Consent of all members.
	The occurrence is the Consent of all members.
	The occurrence is the Consent of all members.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Robin R. Remy, Manager
	Signature Printed Name
	FILING FEE: \$25.00