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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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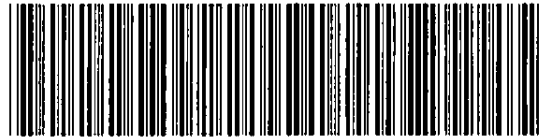
(Business Entity Name)

(Document Number)

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04/08/24--01024--014 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNFLOWER FARM HOLDINGS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHELSEA OLIVER

(Name of Person)

PROSKAUER ROSE LLP

(Firm Company)

2255 GLADES ROAD, SUITE 421A

(Address)

BOCA RATON, FL 33431

(City State and Zip Code)

For further information concerning this matter, please call:

CHELSEA OLIVER

(Name of Person)

561 995-6117

at () (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy 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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
SUNFLOWER FARM HOLDINGS, LLC

2. The Articles of Organization were filed on 05-16/2008 and assigned
document number L0800049486

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).
All members have consented to the wind up and dissolution of the company pursuant to Section 605.0701(2)

of the Florida Revised Limited Liability Company Act.

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. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:

Sandra S. Rooney
Signature

Sandra S. Rooney, as authorized person

Printed Name

FILING FEE: \$25.00