L08000069182

(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:			

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Account#: I20000000088

Date:(05/30/2023	
Name:	Chris Vick	
Reference #:	2011879	
Entity Name:	J&J F	ARMS NC, LLC
☐ Articles	s of Incorporation/Authorizati	on to Transact Business
Amend	dment	
Chang	e of Agent	
☐ Reinst	atement	
Conve	rsion	
Merge	r	
☐ Dissolu	ution/Withdrawal	
☐ Fictitio	us Name	
✓ Other_	NOT	FICE OF DISSOLUTION
Authorized Ar	mount: \$25,00	

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: J&J Far	rms NC, LLC		
DOCUMENT NU	MBER:		
The enclosed Notic	e of Limited Liability C	Company Dissolution and	I fee are submitted for filing.
Please return all co	rrespondence concerning	this matter to the following	ng:
	(Name of C	Contact Person)	······································
	(Firm	/Company)	
	(Ad	ldress)	
	(City/State	e and Zip Code)	
For further informa	tion concerning this matt	er, please call:	
(Name o	f Contact Person)	at () (Area Code) (Daytime Telephone Number)
Enclosed is a check	for the following amoun	nt:	
■\$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Addres Registration Sec Division of Corp P.O. Box 6327	tion	Street Addres Registration S Division of Co The Centre of	ection orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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 Limite	ed Liability Company:		_
Document num	ber of Limited Liability Company is:		_
Date of dissolu	tion was: May 24, 2023		
Description of	information that must be included in a written claim:		
Information suff	icient for the company to determine the basis of the claim, including to the extent appl	licable the invoice	_
or purchase orde	r number and date, the amount of the invoice or purchase order, and a description of the	he goods or services	_
sold or furnished	to the company, and the name and contact information for a person who can answer	questions concerning	_
the claim.			_
			_
Mailing address	Benson Hill, Inc. Attn.: J&J Farms NC, LLC Accounts Payable 1001 N. Warson Road, Suite 200 St. Louis, MO 63132	2023) Y 30 PM 12: 41	m
	the above named limited liability company will be barred unless a proceeding thin 4 years after the filing of this notice. Printed Name of the Person Filing		n is
		\mathcal{L}	

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