

1090000082143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

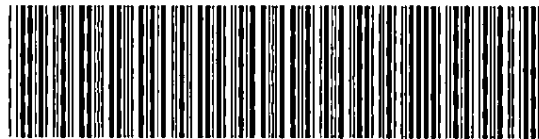
(Business Entity Name)

(Document Number)

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

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Office Use Only



100420166821

12/11/23--01010--025 \*\*25.00

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2023 DEC 11 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AGGATOR FARMING, LLC

**DOCUMENT NUMBER:** L09000082143

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

Please return all correspondence concerning this matter to the following:

JULIO A. SANCHEZ

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

AGGATOR FARMING, LLC

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

924 NW 13TH STREET

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

BELLE GLADE, FL 33430

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

For further information concerning this matter, please call:

JULIO A. SANCHEZ

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

at ( 561 ) 996-5850  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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 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: AGGATOR FARMING, LLC

Document number of Limited Liability Company is: L09000082143

Date of dissolution was: 12/07/2023

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

Name, mailing address, email address, and phone number of claimant: Detailed description of claim and basis:

Date of claim: Amount of Claim: Description of relevant contracts and/or invoices

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

924 NW 13TH STREET

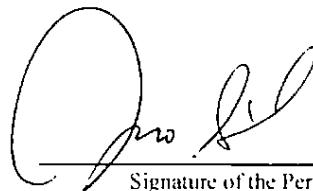
BELLE GLADE, FL 33430

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**2023 DEC 11 PM 12:33**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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.

JULIO A. SANCHEZ

Printed Name of the Person Filing



Signature of the Person Filing