

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN  
Account Number : I20020000140  
Phone : (561)844-3600  
Fax Number : (561)842-4104

**LLC DISSOLUTION OR WITHDRAWAL  
GYLLEBO FARM, LLC**

Certificate of Status	0
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2023

Electronic Filing Menu

Corporate Filing Menu

Help

2023 FEB -7 AM 10:24

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GYLLEBO FARM, 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:

Peter R. Ray, Esq.

(Name of Person)

Cohen Norris Wolmer Ray Telepman Berkowitz Cohen

(Firm/Company)

712 U.S. Highway One, Suite 400

(Address)

North Palm Beach, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

Karin Drakas

561

844-3600

at (

(Name of Person)

(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  
GYLLEBO FARM, LLC

2. The Articles of Organization were filed on 11/19/2012 and assigned  
document number L12000145845

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 BUSINESS IS NO LONGER IN OPERATION

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:

Signature

ASA BJORKLUND

Printed Name

FILING FEE: \$25.00

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LLC