L13000174118

(Re	questor's Name)	 		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone #	#)		
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COVER LETTER

TO:	-	tration Section . on of Corporations			
SUBJ	ECT:	Dissolution Agrimer	nt USA,	LLC	•
OC 100	Name of Limited Liability Company				lity Company
Dear (Sir or M	ladam:			
The e	nclosed	Statement of Termination and	fee(s) a	are submit	ted for filing.
Please	e return	all correspondence concerning	this ma	atter to the	e following:
		Beatrice Bianchi Fasani			
		Name of Person	<u></u>	 .	
		Bianchi Fasani & Fantacci Lav	v, PA		
		Firm/Company			
		1000 5th Street, Suite 229,			
		Address			
		Miami Beach, FL, 33139			
		City/State and Zip Code			
		bbianchi@bfflegal.com			
E-ma	ail addre	ess: (to be used for future annua	ıl repoi	t notificat	tion)
For fu	ırther in	formation concerning this matt	er, plea	ise call:	
	В	eatrice Bianchi Fasani	at (786	456-4759
	N	ame of Person	_	rea Code	Daytime Telephone Number
	Regist Divisi Clifto 2661	CET/COURIER ADDRESS: tration Section on of Corporations n Building Executive Center Circle hassee. Florida 32301		Registration Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314

CR2E141 (2/14)

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes	s, I hereby submit the following Statement of Termination:
FIRST: The name of the limited liability compa	any is: AGRIMENT USA , LLC
SECOND: The Florida Document number of the	ne limited liability company is:L13000174118
THIRD: The date of filing of the initial articles	of organization is: 12/18/2013
FOURTH: The date of filing of the dissolution	is: 04/05/2017
•	apleted winding up its activities and affairs and has determined
that it will file a statement of termination.	
$A \cdot A \cdot$	
HOW MINE	Beatrice Bianchi
Signature of Authorized Representative	Fasani Typed or printed name of signature
orgination of Manierized Representative	-1 ben or brunen varies or0
F.	iling Fee: \$25.00
	Copy: \$30.00 (optional)

CR2E141 (2/14)

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AND A SSEE, FLORIDA