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Certified Copies	Certificates	s of Status			
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

09/09/22

NAME:

AGRONOMY HOLDINGS LLC

TYPE OF FILING: DISSOLUTION

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Registration Section

TO:

COVER LETTER

Divisio	n of Corporations				
SUBJECT:	Agronomy Holdings, LLC				
	(Name of Limit	ed Liability Company)			
The analogue Ar	tialog of Discolution and frace) are culmit	tad for filing			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Rana Hill				
	(Name of Person)				
	Dentons US LLP				
	(Firm/Company)				
	303 Peachtree Street, Suite 5300				
	(Address)			
	Atlanta	Coordin 20209			
•	Atlanta, Georgia 30308 (City/State and Zip Code)				
For further infor	mation concerning this matter, please call				
tor farther into	matton concerning this matter, prease can				
	(Name of Person)	at ()(Area Code & Daytime Telephone Number)			
Enclosed is a chec	k for the following amount:				
S25.00 Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee, Certificate of Dissolution &			
		Certified Copy (additional copy is enclosed)			
5.8 111		Charles A. A. Harrison			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 2022 SEP -9 AM 9: 1.1

1. The name of a limited liability company is		SEC	
Agronomy Holdings, LLC	·····		TALLAHASSEC.FL
2. The Articles of Organization w	ere filed on	07-13-2015	and assigned
document number L1	5000116743		
3. The delayed effective date the conference date Note: If the date inserted in this listed as the document's effective	e cannot be prior to or block does not meet	more than 90 days later than the applicable statutory fi	iling:
4. A description of occurrence tha 605.0707, Florida Statutes, (cop	t resulted in the li y 605.0707 on bac	mited liability company ck cover letter).	's dissolution pursuant to section
Written consent of the sole	e member, Vera	ano Florida LLC.	-
		_	·
5. If there are no members, enter t activities and affairs:	he name and addr	ess of the person appoin	ted to wind up the company's
_	. <u></u>	· ·	
_			
_			
 Signature of an authorized personbove to wind up the company's ac 	on or if there are nextivities and affair	no members, the signatur s:	re of the person appointed and listed
DocuSigned by:			
			eorge Archos
632581E6989D413 Signature		Pri	nted Name

FILING FEE: \$25.00