

L 500017-6347-

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 NOV -2 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 02 2015

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AgAmerica AVI, Inc  
(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:

Meghan West  
(Name of Person)

Land South  
(Firm/Company)

P.O. Box 7595  
(Address)

Lakeland FL 33807  
(City/State and Zip Code)

For further information concerning this matter, please call:

Julia Hubbard at (863) 607-9500  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

AgAmerica AVI, LLC

2. The Articles of Organization were filed on 10/16/15 and assigned

document number LI5000176347

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)

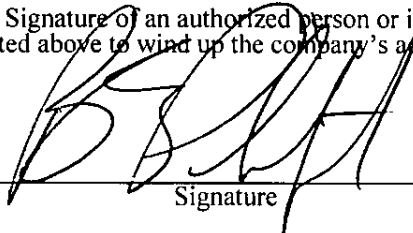
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Company needs to be a foreign LLC not FL  
since it was first filed in DE.

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

Brian A. Philpott  
Printed Name

**FILING FEE: \$25.00**

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15 NOV -2 AM 11:05  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

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: AgAmerica AVI, LLC

Document number of Limited Liability Company is: L15000176347

Date of dissolution was: 10/23/15

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

P.O. Box 7595  
Lakeland FL 33807  
\_\_\_\_\_  
\_\_\_\_\_

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.

Brian G. Philpot  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing

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

FILED  
15 NOV -2 AM 11:05  
CLERK OF STATE  
TALLAHASSEE, FLORIDA