

219 000 104947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

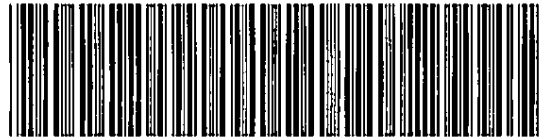
(Business Entity Name)

(Document Number)

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

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Office Use Only



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2022 APR 29 AM 7:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 22 2022

S. PRATHER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AGROFRESH INTERNATIONAL, 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:

JOSE MAURICIO BELLO, ESQ.

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

JOSE MAURICIO BELLO, P.A.

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

1290 WESTON ROAD, SUITE 220

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

WESTON, FL 33326

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

For further information concerning this matter, please call:

JOSE MAURICIO BELLO

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

954

314-7915

at (

\_\_\_\_\_) \_\_\_\_\_  
(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**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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1. The name of a limited liability company is  
AGROFRESH INTERNATIONAL, L.L.C

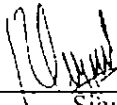
2. The Articles of Organization were filed on April 16, 2019 and assigned  
document number L19000104947

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 cessation of all business of the company.

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

Rodolfo Quezada Urruela

Printed Name

**FILING FEE: \$25.00**

## 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: AGROFRESH INTERNATIONAL, LLC

Document number of Limited Liability Company is: IL189100010049477

Date of dissolution was: \_\_\_\_\_

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

Claimant name, Claimant Representative, Claimant Address, e-mail address and phone number.

Nature of Claim, Source of claim, Amount of Claim

Identify documents supporting the Claim.

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

JOSE MAURICIO BELLO, P.A.


1290 WESTON ROAD, SUITE 220

WESTON, FL 33326

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.

Rodolfo Quezada Urruela

Printed Name of the Person Filing

  
Signature of the Person Filing

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2022 APR 29 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA