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(Address)

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(City/State/Zip/Phone #)

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STATE OF FLORIDA
TALLAHASSEE, FL

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Treasure Coast Harvest, 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:

Catherine Sheetz

(Name of Person)

(Firm/Company)

3490 Mariners Way

(Address)

Vero Beach FL 32963

(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine Sheetz

(Name of Person)

at

561

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FL

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

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TALLAHASSEE, FL
CLERK OF DISTRICT COURT

Catherine Sheetz
Printed Name

FILING FEE: \$25.00