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COVER LETTER

TO: Registration Section Division of Corporations

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)	: 2
Vero Beach Fl 32963	2024 FEB 13
(City/State and Zip Code)	B 13
For further information concerning this matter, please call:	3 AM ASSE
Catherine Sheetz 561 3394354	9: 26 F. F. J.
(Name of Person) (Area Code & Daytime Telephone f	Vumber)
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee and Certificate of Dissolution ☐ \$55.00 Filing Fee. Certificate of Dissolut Certified Copy (additional copy is encl	

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

The name of a limiter Treasure Coas	ted liability company is it Harvest, LLC				
The Articles of Org	ganization were filed on	November 1	, 2019	_ and assigned	
	L19000273347				
	ve date the dissolution i (effective date cannot be pri	or to or more than 9	0 days later than date of	focument is receive	d for filing)
Note: If the date ins	serted in this block does no ent's effective date on the I	ot meet the application of Sta	able statutory filing i te's records.	equirements, this	date will not
A description of occ 605.0707, Florida Si Closing of com	currence that resulted in tatutes, (copy 605.0707	the limited liab on back cover le	ility company's disetter).	ssolution pursua	nt to section
	рану.				
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If there are no moral					
activities and affairs	bers, enter the name and	t address of the	person appointed to	o wind up the co $\frac{1}{2}$	ompany's
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Signature of an auth	orized person or if there	are no member	s, the signature of	the person appo	inted and lis
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bettu S	Lu	(atherin	o Sharta	~
Sign	aftire		Omnto:	Vianua .	

FILING FEE: \$25.00