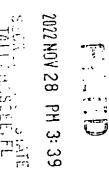
L21000306976

(尺€	equestor's Name)			
(Address)				
(Address)				
(Cid	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				



11/28/22--01010--011 **25.00



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- COVER LETTER

,TO:	Registration Section Division of Corporations	, ,				
٠.	Lockhart Heritage Farm & Apiary, LLC					
SUBJ	SUBJECT: (Name of Limited Liability Company)					
The en	iclosed Articles of Dissolution and fee(s) are subm	nitted for filing.				
Please	return all correspondence concerning this matter t	to the following:				
	Krystal Lockhart					
	(N	ame of Person)				
	(Firm/Company) 701 Sparkman Road					
	(Address) Plant City, FL 33566					
	(City/S	State and Zip Code)				
For fur	ther information concerning this matter, please ca	· II:				
Krystal Lockhart		813 478-2032				
	(Name of Person)	at () (Area Code & Daytime Telephone Number)				
Enclosed	d is a check for the following amount:					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		☐ \$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
		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



1.	The name of a limited liability company is		2022 NOV 28 PH 3: 39		
	Lockhart Heritage Farm & Apiary LLC		TALLAMASSEE, FL		
2.	The Articles of Organization were filed on	ly 6, 2021	IALL//s35EE, FL		
	document number				
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). dissolution of marriage of members and division of assets of those members				
			_		
					
5.	If there are no members, enter the name and a activities and affairs:	address of the person appointe			
	Signature of an authorized person or if there a pove to wind up the company's activities and a		of the person appointed and listed		
k	instal Lockhart Signature	Krystal Lockhart			
_	Signature	Prin	ted 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.

Lockhart Heritage Farm Name of Limited Liability Company:	& Apiary, LLC
Name of Limited Liability Company: L21000:	306976
Document number of Limited Liability Company is:	
December 1, 2022	
Date of dissolution was:	
Description of information that must be included in a writte	n claim:
Date of claim and details of occurrence including those involved	
M Time II and the second of th	
Mailing address where claims can be sent: (Claims cannot b	e sent to the Division of Corporations)
701 Sparkman Road, Plant City, FL 33566	
· · · · · · · · · · · · · · · · · · ·	
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this no	
Krystal Lockhart	Kustal Lockhart
Printed Name of the Person Filing	Signature of the Person Filing

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