

L21000314052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

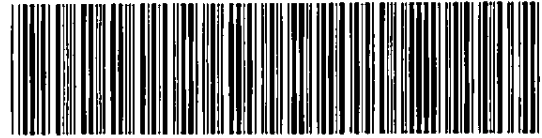
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



500421017795

LLC dissolution

01/04/24--01003--006 **25.00

FILED
2024 JAN -3 PM 12:00
TALLAHASSEE, FLORIDA

RECEIVED
2024 JAN -3 AM 11:09
TALLAHASSEE, FLORIDA

A. RANIC -

JAN -5 2024

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: BROOK 1/4

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XX PHOTOCOPY

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DISSOLUTION

1. FARMLAND PARTNERS INTERNATIONAL LLC

(CORPORATE NAME AND DOCUMENT #)

2.
(CORPORATE NAME AND DOCUMENT #)

3.
(CORPORATE NAME AND DOCUMENT #)

4.
(CORPORATE NAME AND DOCUMENT #)

5.
(CORPORATE NAME AND DOCUMENT #)

6.
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2024 JAN -3 PM 12 00

1. The name of a limited liability company is
FARMLAND PARTNERS INTERNATIONAL LLC

OFFICE OF THE
CLERK OF THE
DEPARTMENT OF STATE

2. The Articles of Organization were filed on 07/09/2021 and assigned
document number L21000314052

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).
no longer conducting business

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: William G. Cooke

601 Heritage Drive

Suite 489

Jupiter, FL 33458

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:

William G. Cooke
Signature

William G. Cooke
Printed Name

FILING FEE: \$25.00