

L21000314052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

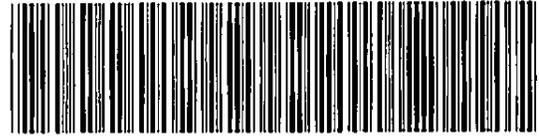
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

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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*

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

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**WALK IN**

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**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

**GS** \_\_\_\_\_

**XX FILING**

**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

STATE OF FLORIDA  
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