

L22 000 383 894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

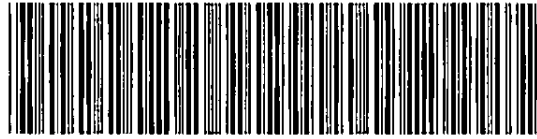
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400433748554

08/06/24 01:01:00 PM \*25.00

2024 AUG -6 PM 2:57

RECEIVED  
2024 AUG -6 PM 2:40  
HALLANDALE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: YOUNG TIMBER FARMS 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:

JAMES A. YOUNG  
(Name of Person)

YOUNG TIMBER FARMS LLC  
(Firm/Company)

9813 WATERS MEET DR.  
(Address)

TALLAHASSEE FL 32312  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES YOUNG at (850) 228 2143  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

YOUNG TIMBER FARMS LLC

2. The Articles of Organization were filed on AUGUST 31, 2022 and assigned

document number L22000383894

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.

ON DATE OF FILING

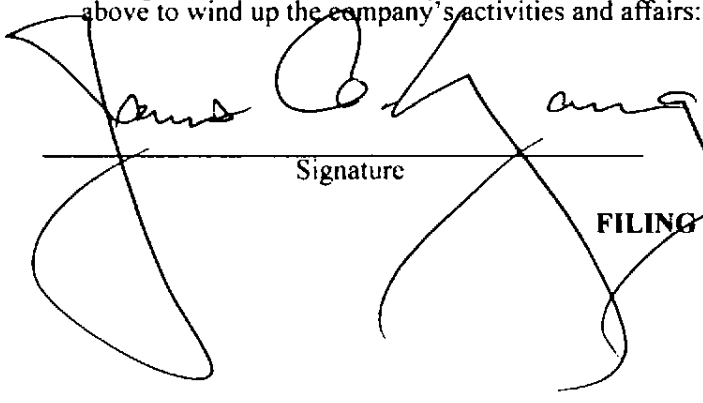
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

I NEVER DID BUSINESS UNDER THIS  
L.L.C. I OWE NO MONEY, I MADE NO  
PROFIT, I PAID NO TAX. I JUST OPENED  
IT AND THEN CHANGED MY MIND.

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

JAMES YOUNG (MYSELF) WAS  
THE ONLY MEMBER.  
9813 WATERS MEET DR.  
TALLAHASSEE FL 32312

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:

  
Signature

JAMES A. YOUNG  
Printed Name

**FILING FEE: \$25.00**

2022-09-01 11:25:57