Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003308183)))



H240003308183ABCS

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

## LLC DISSOLUTION OR WITHDRAWAL VITERRA USA INGREDIENTS, LLC

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## COVER LETTER

	on Section of Corporations		
	VI	terra USA Ingredie	ents, LLC
SUBJECT:	(Name of F	oreign Limited Liability	Company)
Dear Sir or Madam	1:		
The enclosed without	frawal and fee(s) are submit	ted for filing.	
Please return all co	rrespondence concerning th	is matter to the following	R:
			_
	(Name of Person)		
Capitol Service	es - Corporate Filings (Fim/Company)	Team	-
515 East Park	Avenue 2nd Fi		
	(Address)		-
Tallahassee , f			<del>-</del>
	(City/State and Zip Co	aej	
For further informa	tion concerning this matter,	please call:	
		at ( 855	498 - 5500
(1)	Name of Person)	(Area Code &	Daytime Telephone Number)
STREET	COURIER ADDRESS:	MAII	LING ADDRESS:
Amendment Section Amendment Section			
	of Corporations	Division of Corporations	
2415 N. N	e of Tallahassee fonroe Street, Suite 810 ee, FL 32303		Box 6327 hassee, FL 32314
	for the following amount	;	
∑ \$25 Filing Fœ	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy

H24000330818

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Viterra USA Ingredients, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
January 6, 2012	
(Date registered with Florida Department of State)	
M1200000130	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.  Effective Date, if other than the date of filing: 10-01-2024 (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after 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 (Signature of authorized representative)	m
Brian Ternus	
(Typed or printed name of signee)	

Filing Fee: \$25.00