

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 0531853.06

mmoore DIS

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 1/3/2025 11:53 AM Fee Receipt: \$40.00

LLD

**Division of Business Filings** P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

## **Articles of Dissolution**

Limited Liability Company
This form may be used for filing articles of dissolution for a limited liability company (LLC), nonprofit LLC or professional service LLC.

Please note: Filing this form with the Office of the Secretary of State does not ensure the dissolution of the business entity is complete. Filers are encouraged to seek the advice of a professional prior to filing Articles of Dissolution.

	professional prior to filling Articles of Dissolution.		
articles of dissolution:	IS 14A and KRS 275.315, the undersigned limited liab	ility company executes the foll	lowing
Article I. The name of the limited	I liability company is Leeland Farm, LLC		
	(The name must be identical to the name	ne on record with the Secretary of S	State.)
Article II. This dissolution was c	aused by the following event: (check one only)		
(1) The expiration of the	term of the limited liability company set forth in the ar	ticles of organization;	
(2) Upon the occurrence	e of events specified in the articles of organization or a	written operating agreement;	
X (3) Upon the written con	sent of all the members; or		
(4) There are no remain	ing members.		
Article III. The event of dissolution	on identified in Article II occurred on the following date	:1/3/2025	
Article IV Additional information	, if applicable, that the member(s) or manager(s) filing	deem proper:	
	date provided shall not exceed 90 days from the day delivered		١
(Ally delayed ellective	date provided shall not exceed 30 days from the day delivered	to the decretary of dtate for ming.,	,
I/We declare under penalty of pe	erjury under the laws of the state of Kentucky that the	foregoing is true and correct.	
David C Le	David S. Lee	Manager	1/3/2025
Signature of outborized representative	Drinted Name	Title	Deta

David S. Lee	David S. Lee	Manager	1/3/2025
Signature of authorized representative	Printed Name	Title	Date