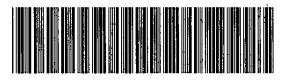
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(Re	questor's Name)			
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SECRETARY OF STATE
TALLAHASSIFE FIORINA

WAR 2 1 2 PHE J. HARRIS

### **COVER LETTER**

TO:

Registration Section Division of Corporations

All About Tree Care 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:

Denise Florida				
(Name of Person)				
All About Tree Care LLC				
(Firm/Company)				
7640 Brockhurst Drive				
(Address)				
Jacksonville, FL 32277				

(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Florida at (904 ) 226-1122 (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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR . A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is  All About Tree Care LLC				
2.	The Articles of Organization w	ere filed on	and assigned		
	document number L1400000528	32			
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 do		filing: 12/31/2015		
	Note: If the date inserted in this	e cannot be prior to or more than 90 days later that block does not meet the applicable statutory date on the Department of State's records.	n date document is received for filing) filing requirements, this date will not be		
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).				
	The LLC changed the business stru	acture to an S Corporation.			
5.	If there are no members, enter the activities and affairs:	the name and address of the person appo	inted to wind up the company's		
	_				
	-				
	_				
6. lis	Signature of an authorized pers sted above to wind up the compa	son or if there are no members, the signatiny's activities and affairs:	ture of the person appointed and		
	Denise Houde	2 Denise M. Florida	16 MAI SEURE		
	Signature	P	rinted Name		
		FILING FEE: \$25.00			
			9:5		
			5H <u>1</u>		