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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

	ation Section n of Corporations			
SUBJECT:	MAYWOOD MA	ited Liability Company)	Wices.	
	,	, , ,		
The enclosed Ar	ticles of Dissolution and fee(s) are subm	itted for filing.	o o s	
Please return all	correspondence concerning this matter to	o the following:	SIGNE SIGNE	
	NIGEL HAYW	000	OT JUL 23 PM 3: 47	
	(Na	ime of Person)	يَّ بَنِ	
	(Fi	rm/Company)	5	
4174 52 rd Ave South (Address)				
		(Address)		
	SE PETERS BUR	26 PL-337	7/1.	
	(City/S	tate and Zip Code)		
For further infor	mation concerning this matter, please cal	ll:		
<u>N</u>	. HAYW 600 (Name of Person)	at (813) 29 (Area Code & Daytime	8 7823. Telephone Number)	
\$25.00 Filing Fo	k for the following amount: ee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy	
			(additional copy is enclosed)	
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COUR Registration Sectorial Division of Corp Clifton Building 2661 Executive Court Tallahassee, FL	center Circle	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	DOOD HANDYMAN SERVICES.
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved: $\frac{2-18}{2}$	-07.
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage)	d liability company's dissolution pursuant to section of
NO TRADIN	G ACTIVITY. 复器
	· بن نب
5. CHECK ONE:	5
 6. All remaining property and assets have been distribute rights and interests. 7. CHECK ONE: There are no suits pending against the comparation of the comparation o	bts, obligations and liabilities pursuant to s. 608.4421. ed among its members in accordance with their respective my in any court. disfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of m	nembership interests necessary to approve the dissolution:
Signature	Printed Name
W Ca.	N. MAYWOOD
****	<u> </u>
	

FILING FEE: \$25.00