LOCO015150

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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(Business Entity Name)						
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(Document Number)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Robert Dutka Landscape		
	(Name of L	imited Liability Company)	
The en	sclosed Articles of Dissolution and fee(s) are sub	bmitted for filing.	
Please	return all correspondence concerning this matte	er to the following:	
	Robert K. Dutka		
	(Name of Person)		
	Robert Dutka Landscape LLC		
	(Finn/Company)		
	404 Jefferson Ave		
	(Address)		
	Lehigh Acres, FI 33936		
	(City	y/State and Zip Code)	
For fur	ther information concerning this matter, please	call:	
Robert K. Dutka		at (239) 822-9344	
	. (Name of Person)	(Area Code & Daytime Telephone Number)	
Enclose	d is a check for the following amount:		
\$25.0	00 Filing Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Robert Dutka Landscape LLC	
2. The Articles of Organization were filed on 12/01 L06000115105	/2006 and assigned document number
3. The date the dissolution was approved:Feb	•
4. A description of occurrence that resulted in the limi 608.441, Florida Statutes, (copy 608.441 on back co Economic conditions have caused me to	ted liability company's dissolution pursuant to section over letter). o close my business - Lack of work available.
OR-Adequate provision has been made for the	imited liability company have been paid or discharged. lebts, obligations and liabilities pursuant to s. 608.4421. Ited among its members in accordance with their respective
7. CHECK ONE: There are no suits pending against the component of the sentered against it in any pending suit.	pany in any court. atisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature The HAMM	Printed Name Robert KDV+KA
	SECRETARY ALLAHASSE
	SSEE, FLORI

FILING FEE: \$25.00