

L07000001685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

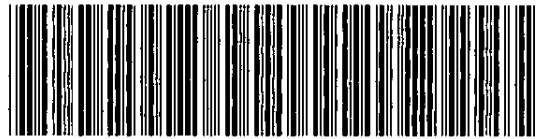
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

Lisa Anthony **CAVE**  
AUTHORIZATION BY PHONE TO  
CORRECT info to dissolve LLC  
DATE 02/18/09 @ 3:23 pm  
DOC. EXAM [Signature]



900143049449

02/13/09--01003--009 \*\*25.00

**FILED**  
09 FEB 17 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W  
**J. BRYAN** FEB 16 2009

**J. BRYAN**  
FEB 19 2009  
**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fields of Poppies, 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:

Lisa R Anthony  
(Name of Person)

Lisa R Anthony mo PA  
(Firm/Company)

13832 US Hwy I  
(Address)

Sebastian, FL 32958  
(City/State and Zip Code)

**FILED**  
09 FEB 17 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lisa Anthony at 772) 413-1711  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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/COURIER ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2009

LISA R ANTHONY  
LISA R ANTHONY MD, P.A.  
13832 US HWY I  
SEBASTIAN, FL 32958

SUBJECT: FIELDS OF POPPIES, LLC  
Ref. Number: L07000001685

FILED  
09 FEB 17 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for FIELDS OF POPPIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the original date of filing/authorization in Florida.

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 009A00005376

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Fields of Pappas, LLC

2. The Articles of Organization were filed on 01-04-07 and assigned document number 20015, 2005

LD7000001685

3. The date the dissolution was approved: 02/10/09

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

financial difficulties & close of  
business

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Lisa R Anthony ms

Lisa R Anthony

2/8/09