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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & B LAWN SERVICE, 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:

Carol L. Bahr
(Name of Person)

J and B Lawn Service, LLC
(Firm/Company)

4508 Camden Rd.
(Address)

Tallahassee, FL 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Bahr
(Name of Person)

at (850) 562-1975
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

J & B LAWN SERVICE, LLC

2. The Articles of Organization were filed on March 26, 2007 and assigned

document number LO 700003221

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 document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 death of JERRY Bahr December 23, 2020
leaving only myself, to Carol Bahr to close
The activities of the company.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Carol Bahr
4508 Camden Rd.
Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA

FILED

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Carol L Bahr
Signature

CAROL L. BAHR
Printed Name

FILING FEE: \$25.00

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2020242391

DATE ISSUED: JANUARY 20, 2021

DECEDENT INFORMATION

DATE FILED: JANUARY 14, 2021

NAME: JERRY DEAN BAHR

DATE OF DEATH: DECEMBER 23, 2020

SEX: MALE

AGE: 075 YEARS

DATE OF BIRTH: JUNE 1, 1945

SSN: ***-**-8048

BIRTHPLACE: ATCHISON, KANSAS, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: TALLAHASSEE MEMORIAL HEALTHCARE

LOCATION OF DEATH: TALLAHASSEE, LEON COUNTY, 32308

RESIDENCE: 4508 CAMDEN ROAD, TALLAHASSEE, FLORIDA 32303, UNITED STATES

COUNTY: LEON

OCCUPATION, INDUSTRY: FINGERPRINT IDENTIFICATION SPECIALIST, FLORIDA DEPARTMENT OF LAW ENFORCEMENT

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: CAROL LEE SHOCKLEY

FATHER'S/PARENT'S NAME: ALBERT BAHR

MOTHER'S/PARENT'S NAME: MARGARET JACOBSON

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: CAROL LEE BAHR

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 4508 CAMDEN ROAD, TALLAHASSEE, FLORIDA 32303, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: ROCKY EZELL, F058053

FUNERAL FACILITY: ABBEY FUNERAL HOME F039985

4037 N MONROE ST, TALLAHASSEE, FLORIDA 32303

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: TALLAHASSEE NATIONAL CEMETERY
TALLAHASSEE, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0819

DATE CERTIFIED: JANUARY 12, 2021

CERTIFIER'S NAME: GIAN CARLO GIOVE

CERTIFIER'S LICENSE NUMBER: ME124394

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.



STATE REGISTRAR

REQ: 2022296998

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

