

**LO70000 36433**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

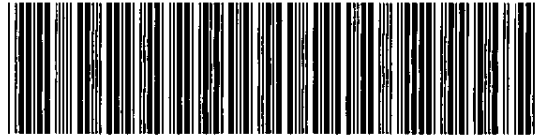
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LO7-36433



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02/22/08--01016--017 \*\*25.00

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08 MAR 10 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. Thomas MAR 10 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Seven Days Lawncare, 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:

Terri L. Reed

(Name of Person)

Cypress Bay Accounting, Inc.

(Firm/Company)

2061 Englewood Rd. Suite 3A

(Address)

Englewood, FL 34223

(City/State and Zip Code)

For further information concerning this matter, please call:

Terri L. Reed

(Name of Person)

at ( 941 ) 473-3703

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 25, 2008

TERRI L. REED  
CYPRESS BAY ACCOUNTING INC.  
2061 ENGLEWOOD RD STE 3A  
ENGLEWOOD, FL 34223

SUBJECT: SEVEN DAYS LAWN CARE, LLC  
Ref. Number: L07000036433

We have received your document for SEVEN DAYS LAWN CARE, 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):

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 of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 008A00011634

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 10 AM 10:35

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

1. The name of a limited liability company is

Seven Days Lawncare. LLC

2. The Articles of Organization were filed on 4/1/07 and assigned document number  
L07000036433

3. The date the dissolution was approved: 2/15/08

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).

Company sold assets and ceased operations

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.

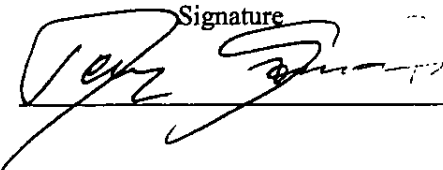
7. **CHECK ONE:**

- ☒ 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

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Terence Gaspar  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILING FEE: \$25.00**