

LO7000048573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

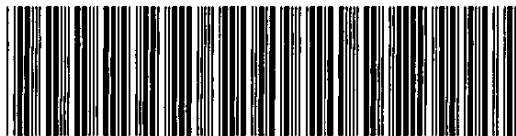
Special Instructions to Filing Officer:

A. LUNT

JAN - 9 2008

EXAMINER

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01/07/08--01035--007 **30.00

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2008 JAN - 7 P 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gator Country Lawn Care, 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:

Barry Lohmeyer

(Name of Person)

Gator Country Lawn Care, LLC,

(Firm/Company)

1575 Whooping Dr.

(Address)

Groveland, Florida, 34736

(City/State and Zip Code)

2008 JAN -7 P 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Barry Lohmeyer

(Name of Person)

at (352) 241-9571

(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

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

1. The name of a limited liability company is

Gator Country Lawn Care, LLC,

2. The Articles of Organization were filed on May 08, 2007 and assigned document number L07000048573

3. The date the dissolution was approved: December 31, 2007

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).

NO CUSTOMER BASE WORK TOO MANY HOURS
ON FULL TIME JOB TO WORK LAWN CARE PART
TIME OR FULL TIME

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.

FILED
2008 JAN 7 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Signature

Printed Name

Barry Lohmeyer

Barry Lohmeyer

FILING FEE: \$25.00