## 1676000 76949

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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12/22/15--0;013--020 \*\*25.00



DEC 22 2015 J SHIVERS

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

OCALA PEST CONTROL, LI	= :		,
2. The Articles of Organization	were filed on $\frac{08-01-20}{1}$	007	and assigned
document number L0700007	8949		
3. The delayed effective date the (effective Note: If the date inserted in the listed as the document's effect	date cannot be prior to or m nis block does not meet th	ore than 90 days later th ne applicable statutory	f filing:an date document is received for filing) filing requirements, this date will no
4. A description of occurrence 605.0707, Florida Statutes, (	that resulted in the lim	ited liability compar cover letter).	ny's dissolution pursuant to secti
OWNER RETIRING			
5. If there are no members, enter activities and affairs:	er the name and addres	s of the person appo	pinted to wind up the company's
			<del></del>
6. Signature of an authorized p listed above to wind up the corr	erson or if there are no apany's activities and a	members, the signa	ature of the person appointed and
Mich w. / H	3	RICHARD HARD	
Signature	4		Printed Name

## Notice of Limited Liability Company Dissolution

## NOTE: This page is optional

RICHARD HARDY

Printed Name of the Person Filing

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: OCALA PEST CONTROL, LLC
Document number of Limited Liability Company is: L07000078949
Date of dissolution was: 12-14-2015
Description of information that must be included in a written claim:
ALL CLAIMS MUST BE SUBMITTED TO:
RICHARD HARDY
ANY CLAIMS SUBMITTED AFTER 1-31-2016 WILL NOT BE HONORED
ARE T.
SSEE SEE
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
PO BOX 2439
BELLEVIEW, FL 34420
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Signature of the Person Filing