# 107000079118

(Rec	questor's Name)	
(Add	dress)	<u> </u>
(Add	dress)	
(City	//State/Zip/Phone	<del>=</del> #)
PICK-UP	TIAW	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	

Office Use Only



700307508747

01/10/18--01009--034 \*•25.00

18 JAN 10 AM 11: 57

18 JAN 10 AN IL 57

B FIGUEROA JAN 1 1 2018

## **COVER LETTER**

	ration Section on of Corporations				
Santos Lawn Care, LLC.					
(Name of Limited Liability Company)					
The enclosed A	rticles of Dissolution and fee(s) are submitte	ed for filing.			
Please return all	correspondence concerning this matter to t	he following:			
	Teres	o Santos			
	(Nam	e of Person)			
	Santos La	awn Care	, LLC		
	(Firm	/Company)			
	2757 Ar	ndes Way	/		
	(/	Address)			
	Saint Cloud,	FL 3477	2		
	(City/Stat	e and Zip Code)	<del></del>		
For further info	rmation concerning this matter, please call:				
Ma	ria Martinez	631	ຸ612-1120		
<del>- 11 - 1</del>	(Name of Person)	(Area Coo	de & Daytime Telephone Number)		
Enclosed is a che	ck for the following amount:				
<b>52 \$</b> 25,00	Filing Fee and Certificate of Dissolution		Fee, Certificate of Dissolution & opy (additional copy is enclosed)		
	MAH ING ABBBBB	OMD T			

#### 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 Santos Lawn Care, LLC.
2.	The Articles of Organization were filed on and assigned and assigned
	document number L07000079118
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).
	Dissolution was approved by the members. The number of votes cash for dissolution was sufficit for approval.
_	
).	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
б. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	MUESO STATES Tereso Santos
	Signature Printed Name  FILING FEE: \$25.00