

LD7 000094881

(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:

Office Use Only



800163360448

12/16/09--01008--005 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 16 PM 1:50

G. MCLEOD

DEC 17 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

JAX LAWN & ORDER, 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:

SHELLY WEICHSELBAUM

(Name of Person)

JAX LAWN & ORDER

(Firm/Company)

7610 MID LAKE ROAD

(Address)

MACLENNY, FL 32063

(City/State and Zip Code)

For further information concerning this matter, please call:

SHELLY WEICHSELBAUM

(Name of Person)

at

(904) 579-7660

(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 JAX LAWN & ORNAMENT, LLC

2. The Articles of Organization were filed on 09/18/2007 and assigned document number L07000094881

3. The date the dissolution was approved: 12/10/2009 EFFECTIVE 12/31/2009

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).

DUE TO RECENT SURGERY, WE ARE UNABLE
TO PERFORM THE DUTIES OF OUR BUSINESS AND
WISH TO DISSOLVE.

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

[Signature]

SHOLLY WITCHESBAUM

Stephanie D. Grooms

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

09 DEC 16 PM 1:50

FILING FEE: \$25.00