

L01000109991

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JAN 27 PM 1:47

FILED

01/27/15--01005 --003 **25.00

N. Outgore FEB - 4 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kelley Lawn & Pool 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:

Eugene H. Kelley
(Name of Person)

(Firm/Company)

4644 Varsity Circle
(Address)

Lehigh Acres FL 33971
(City/State and Zip Code)

For further information concerning this matter, please call:

Eugene H. Kelley at (239) 209-0368
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
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

FILED

2015 JAN 27 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Kelley Lawn + Pool Care, LLC

2. The Articles of Organization were filed on 10/30/2007 and assigned

document number L07000109991

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)

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).

Eugene H Kelley, managing member, suffered a
heart attack in 2014 & subsequently was diagnosed
with having emphysema which caused a ceasing
of operation and closure of the business

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

Eugene H. Kelley
Printed Name

FILING FEE: \$25.00