

LOS 0000 32945

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100442360071

01/13/25--01012--028 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: A Girlener Image Lander Wame of Limited | Diability Company) |
| The enclosed Articles of Dissolution and fee(s) are submittee. Please return all correspondence concerning this matter to the | - |
| Kendra O'COMMON (Name | e of Person) |
| (Firm | /Company) |
| 22m Green Way G. GA. Peteropurg, Fl m71; (City/State | ddress) |
| Gt. Peteroloung, FL 39713 (City/State | e and Zip Code) |
| For further information concerning this matter, please call: | |
| (Name of Person) | at (727) 965-6655 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: \$\times 25.00\$ Filing Fee and Certificate of Dissolution | S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liability company is |
|----------|--|
| | A Greener Image Landacaping UC |
| 2. | The Articles of Organization were filed onand assigned |
| | document number <u>109000032945</u> |
| 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). |
| | Founder and principal owner/manager died unexpectedly. Gurviving |
| | manager/spouse unable to direct laxiness. Business dosed on |
| | December 31, 2021. |
| | , , , , , , , , , , , , , , , , , , , |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's |
| | activities and affairs: |
| | |
| | |
| | ω ! |
| | |
| 6. ab | Signature of an authorized person or if there are no members, the signature of the person appointed and liste ove to wind up the company's activities and affairs: |
| | |

FILING FEE: \$25.00