L0800009/022

(Requestor's Name)	
(Address)	
(Address)	<u></u> -
(City/State/Zip/Phone i	(f)
PICK-UP	MAIT	MAIL
(Business Entity Name	e) .
. (Document Number)	
Certified Copies	· Certificates o	of Status
Special Instructions	to Filing Officer:	
	A. LUNT	
	JUL 13 2009	

Office Use Only

EXAMINER



600157995586

07/10/09--01017--007 **60.00

FILED
2009 JUL 10 PH 12: 14
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KAT LANDSCAPES, 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:	
MS. KATHRYN L. GOPPERT	
(Name of Person)	200) SE
KAT LANDSCAPES, LLC	FILED SECRETARY OF OT
(Firm/Company)	
130 S. MASSACHUSETTS AVE. # 601	i i
(Address)	No. O
LAKELAND FL 33801	-
(City/State and Zip Code)	
For further information concerning this matter, please call:	·
Kathyn L. Gapped at (816) 520-2212 (Name of Person) (Area Code & Daytime Telephone Number))
Enclosed is a check for the following amount:	
\$25,00 Filing Fee & S55,00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee & Certified Copy (additional copy is enclosed)	tus &

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

and assigned document numbe
·
ity company's dissolution pursuant to section
to become a nurse.
2005 TAL
ability company have been paid of discourged igations and liabilities pursually s. \$\overline{\text{W}}\) s. \$\t
ny court. on of any judgment, order or decree which may be
ship interests necessary to approve the dissolution
Printed Name
Kathryn Groppert
r