

**LD9000104417**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**400168442234**

02/22/10--01023--002 \*\*25.00

FILED  
10 FEB 22 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Colligan FEB 23 2010

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAWNPRO OF OCALA 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:

ERIC DENSMORE

(Name of Person)

Lawnpro of Ocala LLC

(Firm/Company)

10600 NE 47TH AVE

(Address)

ANTHONY, FL 32617

(City/State and Zip Code)

For further information concerning this matter, please call:

ERIC DENSMORE

(Name of Person)

at ( 352 ) 629-3949

(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**

FILED  
10 FEB 22 AM 10: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
**LAWNPRO OF OCALA LLC**

2. The Articles of Organization were filed on 02/17/2010 and assigned document number  
L09000104417

3. The date the dissolution was approved: 02/17/2010

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).

**HEALTH ISSUES CAN NO LONGER PERFORM DUTIES**

**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

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eric Densmore  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_