L'1000058050

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| L1-58050 |
| (Document Number) |
| , |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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02/22/11--01020--011

**25.00

SECRETARY OF STATE OF CORPORATION

COVER LETTER

| Division of Corporations | | |
|--|--|--|
| SUBJECT: Perez's Cawn Case Service UC | | |
| (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: | | |
| Stephanie Perez (Name of Person) | | |
| Perez's Lawn Care Service | | |
| (Firm/Company) | | |
| ALLA MOSSAMBIND # SS (Address) | | |
| Gainesuille Fl 32653 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Stephanie Percz at (352) 642 · 2737 (Name of Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | |
| $oldsymbol{\cdot}$ | | |

MAILING ADDRESS:

TO:

Registration Section

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2011

STEPHANIE PEREZ 2114 NW 55TH BLVD. APT. #22 GAINESVILLE, FL 32653

SUBJECT: PEREZ'S LAWN CARE SERVICE LLC

Ref. Number: L10000058050

We have received your document for PEREZ'S LAWN CARE SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The dissolution form was not enclosed. I am sending the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 111A00004690

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

11 MAR -4 AM 9 00

| 1. The name of a limited liability company is Perez 's Lawa Care Service | |
|---|--------------------|
| 2. The Articles of Organization were filed on June 1, 2010 and assigned d | ocument number |
| 3. The date the dissolution was approved: 2/22/11 | |
| A description of occurrence that resulted in the limited liability company's dissolution pursuar 608.441, Florida Statutes, (copy 608.441 on back cover letter). | t to section |
| Work to Slow not working out | |
| | |
| | |
| 5. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or OR- Adequate provision has been made for the debts, obligations and liabilities pursuant to 6. All remaining property and assets have been distributed among its members in accordance with 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. | s. 608.4421. |
| entered against it in any pending suit. | |
| Signatures of the members having the same percentage of membership interests necessary to approve | e the dissolution: |
| Signature Printed Name | • |
| Stephanie P. | درر |
| | |
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FILING FEE: \$25.00