

LICOLL DDA 1192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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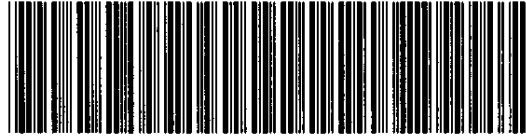
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

MAY 27 2015
J BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2015

RICHARD JOKELA
4915 RATTLESNAKE HAMMOCK RD STE 202
NAPLES, FL 34113

SUBJECT: PARKWAY LAWNS, LLC
Ref. Number: L10000064192

RECEIVED
15 MAY 26 PM 4: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PARKWAY LAWNS, 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 attached form must be completed in order to file the document.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 515A0000960

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2015 MAY 26 PM 2: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution _____

DOCUMENT NUMBER: L10000064192 _____

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Jokela MGRM

(Name of Contact Person)

Parkway Lawns LLC

(Firm/Company)

4915 Rattlesnake Hammock Rd STE 202

(Address)

Naples FL 34113

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Jokela _____ at (_____) 239 220-5121
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---|---|---|---|

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Parkway Lawns LLC

2. The Articles of Organization were filed on 6/16/2010 and assigned

document number L10000064192

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)

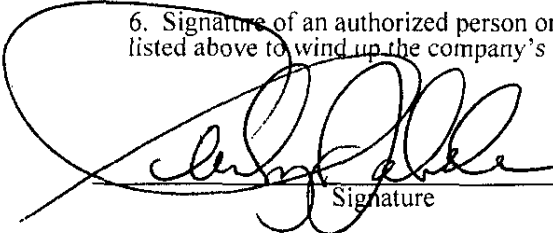
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

No longer in 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

Richard Jokela
Printed Name

FILING FEE: \$25.00

2015 MAY 26 PM 2:20
CLERK OF STATE
TALLAHASSEE FLORIDA

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