

110000079570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

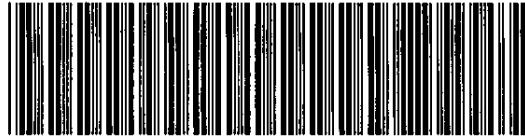
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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03/19/15--01007--012 \*\*35.00

FILED  
15 MAR 19 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B Tedlock APR 15 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Article of Dissolution.  
(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:

John Salazar  
(Name of Person)  
A1 Sod And Designs LLC  
(Firm/Company)  
10474 NICASIO Rd  
(Address)  
Brooksville FL 34613.  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Salazar at ( 352 ) 686-6364  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount

☐ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 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/COURIER ADDRESS:**  
Registration 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

A2 Sod And designs LLC

2 The Articles of Organization were filed on 7/29/10 and assigned

document number U0000079570

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)

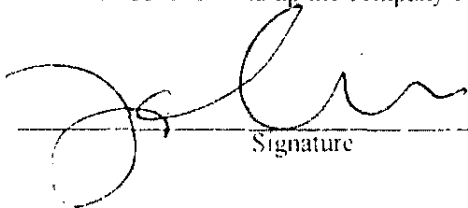
4 A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

• NOT enough work.

5 If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

John Salazar

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

John Salazar  
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR 19 AM 10:25

FILED

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution

Name of Limited Liability Company: \_\_\_\_\_

Document number of Limited Liability Company is: \_\_\_\_\_

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

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

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

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

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

John Salazar

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**