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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: FACELIFT HOME SERVICES (Name of Limited Liability Company)
(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:
GLENN JOHN DUNN TR. (Name of Person)
(Name of Person)
FACELIFT HOME SERVICES
(Firm/Company)
923
933 LUCAS RD (Address)
FORT MYERS, FL. 33919-1840 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
GLENN JOHN DUNN JR. 239, 294-3294
(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S25.00 Filing Fee and Certificate of Dissolution © \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Mailine Address
Mailing Address: Street Address: Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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