

L11 000 128 751

*(Handwritten mark)*

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

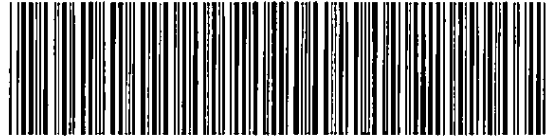
(Business Entity Name)

(Document Number)

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SECY DIV STATE  
TALLAHASSEE, FL

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FACELIFT HOME SERVICES  
(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 JR.  
(Name of Person)  
FACELIFT HOME SERVICES  
(Firm/Company)  
933 LUCAS RD  
(Address)  
FORT MYERS, FL. 33919-1840  
(City/State and Zip Code)

For further information concerning this matter, please call:

GLENN JOHN DUNN JR. at ( 239 ) 994-3294  
(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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303