## L12 0000 447 39

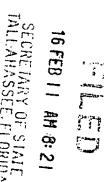
(Requ	iestor's Name)						
(Addr	ess)						
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Busii	ness Entity Nai	me)					
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Certified Copies Certificates of Status							
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Special Instructions to Fil	ling Officer:						

Office Use Only



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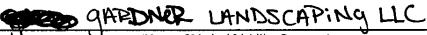
### COVER LETTER . .

TO:

Registration Section Division of Corporations

GO CONTRACTOR OF THE PARTY OF T

SUBJECT



(Name of Limited Liability Company)

### DOWMENT #L12000044739

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES S. GARDNER					
(Name of Person)					
(Firm/Company)					
P.O. BOX #945					
(Address)					
SHALIMAR FL 32579					
(City/State and Zip Code)					

For further information concerning this matter, please call:

TAMES S. GARDNER at (850) 357-1460

(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

PAID 2-9-2016 V#8541 \$25.00

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	1. The name of a limited liability company is  QARDNER LANDSCAT	Ping LL	C #	- L1200	<u> </u>	41
2.	2. The Articles of Organization were filed on	-2-201	and a	assigned		
	document number # L120000 HL	1739				
3.	3. The delayed effective date the dissolution if not effective date cannot be prior to or more Note: If the date inserted in this block does not meet the listed as the document's effective date on the Departmen	re than 90 days later the applicable statutory	han date docume y filing requirer		iling)	
4.	4. A description of occurrence that resulted in the limit 605.0707, Florida Statutes, (copy 605.0707 on back of	ed liability compa	any's dissoluti	ion pursuant to	section	1
	VOLUNTARY DISSOLUT	ioN OF	<u>uc</u>	By So	<u>L</u> e	
	Member; Voluntary  By Owner  5. If there are no members, enter the name and address		ointed to wind		ny's	
	activities and affairs: TAMES S	3. GARI	SHER	— <del>7</del> S		
	P.O. B	xx #9	145_	CRE	) FEB	
	Shalin	NAR FI	_ 325	ST9 ASSEELFL	III AM 8	
5. ist	6. Signature of an authorized person or if there are no r isted above to wind up the company's activities and aff	nembers, the signa	ature of the pe	erson appointed	<u> </u>	*NaMTZV
a	Signature	JAMe.	5 S. Printed Name	GARD	NeF	2

**FILING FEE: \$25.00**