

L120000054055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

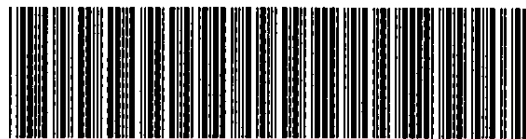
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 APR -3 AM 11:27

CLERK OF STATE
TALLAHASSEE FLORIDA

APR 07 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRASS KINGS, LLC

(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:

RICK L McDONALD

(Name of Person)

(Firm/Company)

PO BOX 619

(Address)

DADE CITY FL 33526-0619

(City/State and Zip Code)

For further information concerning this matter, please call:

RICK L McDONALD

(Name of Person)

352

at (

424-2624

(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

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

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

1. The name of a limited liability company is
GRASS KINGS, LLC

2. The Articles of Organization were filed on APRIL 18, 2012 and assigned
document number L12000054655

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).

HEALTH - NO 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: RICK L. McDONALD

PO BOX 619

DADE CITY FL 33526-0619

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:

* R. Mc
Signature

RICK L McDONALD
Printed Name

FILING FEE: \$25.00

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CLERK OF STATE
TALLAHASSEE
FLORIDA

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