

L12 0000 58064

(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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06/30/14--01022--004 **25.00

14 JUN 30 PM 14:14
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Coast Landscape Services of SWFL, 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:

Christine Thomas-Lamont

(Name of Person)

(Firm/Company)

9001 Palomino Oaks Drive

(Address)

Fort Myers, FL 33912

(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Thomas-Lamont

(Name of Person)

239

834-2656

at ()

(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
Gulf Coast Landscape Services of SWFL, LLC
2. The Articles of Organization were filed on 04/30/2012 and assigned
document number L12000058064
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).
Business slow due to economic conditions in the area.

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

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:

✓ Christine Thomas Lamont
Signature

✓ Christine Thomas - Lamont
Printed Name

FILING FEE: \$25.00

14 JUN 30 PM 4:14
TALLAHASSEE
FLORIDA