

L130000 14834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

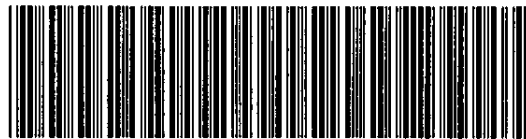
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/02/14--01004--002 **25.00

FILED
14 APR -2 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 04 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: White Sands Lawn + Home Care, 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:

Barry Meredith
(Name of Person)

White Sands Lawn + Home Care, LLC
(Firm/Company)

4364 Canton Court
(Address)

Gulf Breeze, FL 32563
(City/State and Zip Code)

For further information concerning this matter, please call:

Barry Meredith at (850) 916-1451
(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

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

1. The name of a limited liability company is

White Sands Lawn & Home Care, LLC

2. The Articles of Organization were filed on 10-22-13 and assigned

document number L1300014834

3. The delayed effective date the dissolution if not effective on the date of filing: 3-29-14
(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).

I was going to try and start my own business
due to a suspension of my Coast Guard license but
due to lack of work and no Revenue I am reentering
the ^{local} job market. I am currently on unemployment and seeking
a job for 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:

Barry Meredith
4364 Canton Court
Gulf Breeze, FL 32561

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:


Signature

Barry Meredith
Printed Name

FILING FEE: \$25.00

14 APR - 2 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED