L13000087435

(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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TALLAHASSEE, FLORIDA

SEP 18 2014
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Seasons Lawncare and Landscapes 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:

Kertrenia Burnam
(Name of Person)

(Firm/Company)

400 Sunnyview Circle
(Address)

Maitland, FL 32751
(City/State and Zip Code)

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For further information concerning this matter, please call:

Kertrenia Burnam at (321) 961-6261
(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
   All Seasons Lawncare and Landscapes LLC

2. The Articles of Organization were filed on 9/12/14 and assigned
   document number L13000087438

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).
   No Longer in business

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
   Kertrenia Burnam
   400 Sunnyview Circle
   Maitland Fl 32751

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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:

K. Burnam
Signature

Kertrenia Burnam
Printed Name

FILING FEE: $25.00