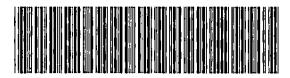
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(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						

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COVER LETTER

	gistration Section vision of Corporations					
SUBJECT:	Grateful Lawn Care, LLC. (Name of Limited Liability Company)					
SODJECT.						
The enclose	ed Articles of Dissolution and fee(s) are submi	tted for filing.				
Please retur	n all correspondence concerning this matter to	the following:				
	Gerardo Garcia					
	(Na	me of Person)				
	Grateful Lawn Care, LLC.					
	(Firm/Company)					
	6708 3rd St W.					
	(Address)					
	Bradenton, FL 34207					
	(City/St	ate and Zip Code)				
For further	information concerning this matter, please call	l:				
Ge	erardo Garcia	941 650-5149 at ()				
<u></u>	(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)				
	niling Address: egistration Section	Street Address: Registration Section				
	vision of Corporations	Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Та	ıllahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	. The name of a limited liability company is Grateful Lawn Care, LLC.						
2.	The Articles of Organization	were filed on 7/25/2022	!	and assigned			
	document number L1300010	4344	_				
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.						
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).						
	Due to health reasons, I am unable to continue working. Since COVID I have not been able to find staff to work						
	; therfore , due to this I am force	ed to close the business.					
5.	If there are no members, enter activities and affairs:	er the name and address Gerardo Garcia	of the person appoin	ated to wind up the company's			
6. ab	Signature of an authorized poove to wind up the company's	erson or if there are no r s activities and affairs:	nembers, the signatu	re of the person appointed and listed			
Get Conie			Gerardo Garcia				
Signature			Printed Name				

FILING FEE: \$25.00