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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 JUL 29 PM 1:18

J DENNIS
SEP 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grateful Lawn 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:

Gerardo Garcia

(Name of Person)

Grateful Lawn Care, LLC.

(Firm/Company)

6708 3rd St W.

(Address)

Bradenton, FL 34207

(City/State and Zip Code)

For further information concerning this matter, please call:

Gerardo Garcia

(Name of Person)

941

650-5149

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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 L13000104344

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 605.0707, 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

; therefore, due to this I am forced to close the 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: Gerardo Garcia

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

Gerardo Garcia

Printed Name

FILING FEE: \$25.00