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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

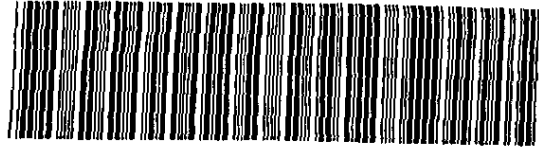
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 23 2015

J SHIVERS

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2015

SANTIAGO MARTIN MATEO  
2669 BENT WILLOW CIRCLE  
ORLANDO, FL 32808

SUBJECT: PROFESSIONAL LANDSCAPING AND MAINTENANCE P.L.M., LLC  
Ref. Number: L13000134452

We have received your document for PROFESSIONAL LANDSCAPING AND MAINTENANCE P.L.M., LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 615A00003518

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** PROFESSIONAL LANDSCAPING AND MAINTENANCE P.L.M., LLC

**DOCUMENT NUMBER:** L13000134452

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MARTIN MATEO, SANTIAGO**

Name of Contact Person

PROFESSIONAL LANDSCAPING AND MAINTENANCE P.L.M., LLC

Firm/ Company

**2669 BENT WILLOW CIRCLE**

Address

**ORLANDO, FL 32808**

City/ State and Zip Code

**martin.sany@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Santiago Martin Mateo**

Name of Contact Person

at **(407) 7790822**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment 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  
PROFESSIONAL LANDSCAPING AND MAINTENANCE P.L.M., LLC
2. The Articles of Organization were filed on SEPTEMBER 24, 2013 and assigned  
document number L13000134452
3. The delayed effective date the dissolution if not effective on the date of filing: 06/01/2015  
(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).  
I WANT REQUEST VOLUNTARY DISSOLUTION IN THIS CORPORATION HOWEVER WE ARE NOT  
IN THIS CORPORATION SINCE 2014.
5. If there are no members, enter the name and address of the person appointed to wind up the company  
activities and affairs: SANTIAGO MARTIN-MATEO (ONLY NAME)  
2669 A BENT WILLOW CIRCLE ORLANDO, FL 32808
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

SANTIAGO MARTIN-MATEO  
Printed Name

**FILING FEE: \$25.00**

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15 JUN 22 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA