

L14000049817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

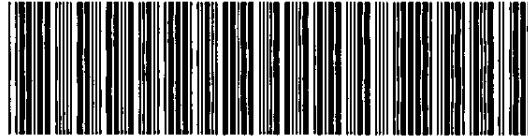
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/07/15--01009--002 **25.00

FILED
15 MAR -7 PM 4:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

0107 22 MAR 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ground Effects Mule & Tree Service
(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:

Brian Best
(Name of Person)

ME
(Firm/Company)

3510 Sunridge Terrace Apt.
(Address)

Castroville CA 95009
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Best at 303, 408-2924
(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

Ground Effects Muck's Mess Service

2. The Articles of Organization were filed on MARCH 26, 2014 and assigned

document number L14000049817

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 BUSINESS FOR OUR SERVICES.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Brian Best
3510 Sunridge Terrace Dr.
Castle Rock, CO 80109

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:

Brian Best

Signature

Brian Best

Printed Name

FILING FEE: \$25.00