

L14000 113512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

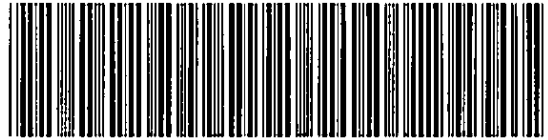
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/18/19 12:00:00 PM 35.00

2019 DEC 19 AM 11:04

R. WHITE

JAN 02 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Certified Filing Service of SWFL  
(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:

Kristen Hendricks  
(Name of Person)  
Certified Filing Services of SWFL  
(Firm/Company)  
17050 Laurelton CT  
(Address)  
N. Ft. Myers, FL 33917  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristen Hendricks at 239, 770-6726  
(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 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

2019 DEC 19 AM 11:04

1. The name of a limited liability company is

Certified Mowing Services of SWFL

2. The Articles of Organization were filed on July 18, 2014 and assigned

document number L14000113512

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).

no longer want to be self employed  
due to over head costs

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

Dan + Kristen Hendricks  
17050 Laurelton Ct  
N. Ft. Myers FL 33917

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:

Kristen Hendricks  
Signature

Kristen Hendricks  
Printed Name

FILING FEE: \$25.00