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(R	equestor's Name)			
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PICK-UP	WAIT MAIL			
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Certified Copies	Certificates of Status			
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COVER LETTER

TU:

Registration Section Division of Corporations

SUBJECT:

365 Lawns, 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:

Trisha Nolan
(Name of Person)
365 Lawns, LLC
(Firm/Company)
3321 Travelers Palm Drive
(Address)
Edgewater, FL 32141
(City/State and Zip Code)

For further information concerning this matter, please call:

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690-1593

(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

١.	The name of a limited liabil 365 Lawns, LLC	ity company is					
2.	The Articles of Organization	n were filed on	2014	and assi	gned		
	document number L1400012	3558					
3.	The delayed effective date t (effective Note: If the date inserted in) listed as the document's effective	his block does not meet	the applicable statutory is	filing: 11/01/20 date document is ling requiremen	015 received f is, this da	or filing) te will not	.
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the lite	mited liability company	r's dissolution	pursuani	. to sectio)II
	Sold the business	,	,				
			~			16	
5.	If there are no members, emactivities and affairs:	ter the name and addre Trisha Nolan	ess of the person appoin	nted to wind u	p the son	apa 👺 s	
		3321 Travelers Palm	Drive, Edgewater, FL 32	141	14 13 Y	A	78.
					ORID;	3; 3;	**
6. lis	Signature of an authorized pated above to wind up the cor	person or if there are r mpany's activities and	no members, the signatu affairs:	are of the perso	on appoii	nted and	
<u> </u>	I who I M	Olma	Trisha Nolan				
	Signature	~ FC	Pr	inted Name			

FILING FEE: \$25.00