

L14000194996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA

S Warren

APR 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUSTOM LAWN SERVICE 7, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK KASSAL

Name of Person

Firm/Company

6845 Houlton Circle

Address

Lake Worth, FL 33467

City/State and Zip Code

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

For further information concerning this matter, please call:

MARK KASSAL

561

271-8361

at (_____) _____

Name of Person

Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

CUSTOM LAWN SERVICE 7, LLC

FIRST: The name of the limited liability company is: _____

SECOND: The Florida Document number of the limited liability company is: L14000194996

THIRD: The date of filing of the initial articles of organization is: 12/24/2014

FOURTH: The date of filing of the dissolution is: 3/12/2017

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



MARK KASSAL

Signature of Authorized Representative

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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2017 MAR 13 A 9:02
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STATE OF FLORIDA