

#L 15000054287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

(Document Number)

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2015 MAR 24 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 27 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2015

MATTHEW SCHULZE
703 NW 2ND TERRACE
CAPE CORAL, FL 33993

SUBJECT: LAWN ASSASSIN, L.L.C.
Ref. Number: W15000009685

RECEIVED
15 FEB 24 AM 10:00
DIVISION OF CORPORATIONS
STATE OF FLORIDA

We have received your document for LAWN ASSASSIN, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 015A00002737

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAWN ASSASSIN, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW SCHULZE
Name of Person

Firm/Company

703 NW 2ND TERRACE
Address

CAPE CORAL, FL 33993
City/State and Zip Code

KATHLEEN@CTES.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW SCHULZE at (239) 471-5108
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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

January 27, 2015

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference: Florida Document Number L13000127670 Lawn Assassin , LLC

Dear Department:

It has come to my attention that the annual report for the above referenced LLC was not registered for 2014. As a result this entity has become dissolved. As the managing member of Lawn Assassin, LLC

Florida Document Number L13000127670 I would like to resign this document number and release the document number at this time.

Further I am enclosing new articles that I would like for the State to process on my behalf

Thanking you for your time and consideration of getting these matters in order.

Sincerely,


Matthew Schulze

Managing Member

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAWN ASSASSIN, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

703 NW 2ND TERRACE
CAPE CORAL FL 33993

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TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

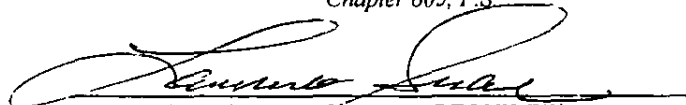
The name and the Florida street address of the registered agent are:

Lawrence Swan
Name

709 Cape Coral Parkway W
Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL FL 33914
City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

MATTHEW SCHULZE
703 NW 2ND TERRACE
CAPE CORAL, FL 33993

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TALLAHASSEE, FLORIDA

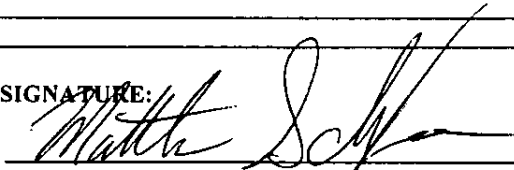
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MATTHEW SCHULZE

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)