

L15000113804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

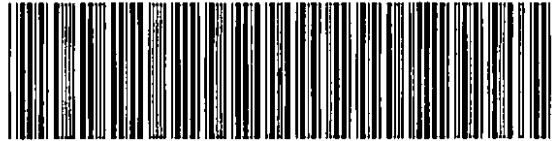
Special Instructions to Filing Officer:

J. HORNE

MAR - 7 2022

2/16

Office Use Only



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02/24/22--01912--005 **25.00

2022 FEB 16 PM 12:06
SECRETARY OF STATE
HALL AMBASSADOR

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Select Lawncare, 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:

Lory Challis

(Name of Person)

Select Lawncare, LLC

(Firm/Company)

1672 Slash Pine Place

(Address)

Oviedo, FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

Lory Challis

407

243-7129

at (

(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

FILED

2022 FEB 10 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FL 32310

1. The name of a limited liability company is

Select Lawncare, LLC

2. The Articles of Organization were filed on July 2, 2015 and assigned

document number L15000113804

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 occurrence, just customers stopped paying.

No occurrence, just customers stopped paying.

No occurrence, just customers stopped paying.

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

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:

Lory Challis

Signature

Lory Challis

Printed Name

FILING FEE: \$25.00