

L16000073685

(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



400296945734

03/28/17--01005--009 **25.00

FILED
2017 MAR 27 PM 3:49
SECRETARY OF STATE
GALLAHUSSEE, FLORIDA

K. SALY

MAR 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FILEMON TIENDA GARCIA LAWN SERVICE 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:

FILEMON TIENDA GARCIA

(Name of Person)

FILEMON TIENDA GARCIA LAWN SERVICE LLC

(Firm/Company)

POST OFFICE BOX 2191

(Address)

ONECO, FLORIDA 34264

(City/State and Zip Code)

For further information concerning this matter, please call:

FILEMON TIENDA GARCIA at 941 465-5630

(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**

FILED
2017 MAR 27 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
FILEMON TIENDA GARCIA LAWN SERVICE LLCL

2. The Articles of Organization were filed on 04/14/2016 and assigned
document number L16000073685

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2016
(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).

I AM NO LONGER IN BUSINESS I HAVE DECIDED TO CLOSE THE BUSINESS DOWN BECAUSE THE
INSURANCE AND WORKERS COMP INSURANCE WAS TO MUCH FOR ME TO PAY.

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

POST OFFICE BOX 2191

ONECO, FLORIDA 34264

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:

X-Filemon G T
Signature

FILEMON TIENDA GARCIA
Printed Name

FILING FEE: \$25.00