

L16000136583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

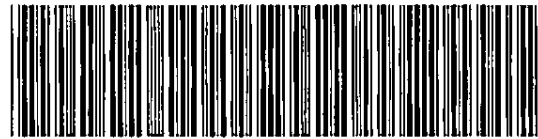
(Business Entity Name)

(Document Number)

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04/01/20--01012--022 \*\*25.00

2020 APR -1 AM 11:32

7:00

C. GOLDEN  
APR - 6 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COLVIN LAWN CARE, 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:

JILL COLVIN

\_\_\_\_\_  
Name of Person

COLVIN LAWN CARE, LLC

\_\_\_\_\_  
Firm/Company

15400 SW 29TH ST

\_\_\_\_\_  
Address

OCALA, FLORIDA 34481

\_\_\_\_\_  
City/State and Zip Code

JILLCOLVIN80@GMAIL.COM

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

For further information concerning this matter, please call:

JILL COLVIN

\_\_\_\_\_  
Name of Person

at ( 352 ) 207-9507

\_\_\_\_\_  
Area Code Daytime Telephone Number

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2020

JILL COLVIN  
15400 SW 29TH STREET  
OCALA, FL 34481

SUBJECT: COLVIN LAWN CARE , LLC  
Ref. Number: L16000136583

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 520A00005966

**STATEMENT OF TERMINATION**

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination: 2020 FEB -1 AM 11:32

**FIRST:** The name of the limited liability company is: COLVIN LAWN CARE, LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000136583

**THIRD:** The date of filing of the initial articles of organization is: July 20, 2016

**FOURTH:** The date of filing of the dissolution is: March 30, 2020

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

  
Signature of Authorized Representative

JILL COLVIN  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)