16000199314

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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-	COVE	RLETTER 🔔 🚽 -	
	istration Section iston of Corporations	~	
4	Florida Bush Hog Services LLC		
SUBJECT:	(Name of Limi	ted Liability Company)	
The enclosed	Articles of Dissolution and fee(s) are submi-	tted for filing.	
Please return	all correspondence concerning this matter to	the following:	
	Scott Alan Johnson		
	(Name of Person)		
	(Fir	m ⁷ Company)	
	848 Adler St E		
		(Address)	
	Lehigh Acres. FL 33974		
	(City/St	ate and Zip Code)	
For further in	iformation concerning this matter, please call	l:	
Sec	nt Alan Johnson	954 873-0008 at ()	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
	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)	
	iling Address:	Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
	lahassee, FL 32314	2415 N. Monroe Street, Suite 810	



A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is Florida Bush Hog Services LLC

2. The Articles of Organization were filed on $\frac{10/28/2016}{2}$

document number <u>1.16000199374</u>

- DOWNER SPILLED 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).

As the sole member of Florida Bush Hog Services LLC, Scott Alan Johnson has decided to dissolve the LLC.

The decision has been made "by consent" in lieu of a special meeting.

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:

Sinnature

Scott Alan Johnson

Printed Name NGRM

and assigned

FILING FEE: \$25.00