

L17000017681

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TALLAHASSEE, FLORIDA

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**S Warren**  
MAR 28 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Spartans 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:

Jay Butler

(Name of Person)

Florida Spartans LLC

(Firm/Company)

4901 Victoria Drive (Suite #102)

(Address)

Cape Coral, FL 3391

(City/State and Zip Code)

For further information concerning this matter, please call:

Jay Butler

(Name of Person)

at (

239

309-8214

(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**

1. The name of a limited liability company is

Florida Spartans LLC

2. The Articles of Organization were filed on January 24th, 2017 and assigned

document number L 17000017681

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).

Resolution by Members for Dissolution

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

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:

  
Signature

Jay Butler

Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA

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L14000155290

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1170000840833))



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To: Division of Corporations  
Fax Number: (850)611-6381

From: Account Name: SUPREBIT.COM, INC.  
Account Number: 120070010160  
Phone: (800)491-3124  
Fax Number: (305)678-2611

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MOTHER'S COMING HOUSEKEEPING & LAWN CARE, "LLC"

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

S Warren

MAR 28 2017

ARTICLES OF AMENDMENT H17000084083 3  
TO  
ARTICLES OF ORGANIZATION  
OF

**MOTHER'S COMING HOUSEKEEPING & LAWN CARE, "LLC"**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 6TH, 2014 and assigned Florida document number L14000155290

**This amendment is submitted to amend the following:**

**A. If amending name, enter the new name of the limited liability company here:**

**JONNY ON THE SPOT HANDYMAN SERVICES LLC**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

***(Mailing address MAY BE A POST OFFICE BOX)***

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H17000084083 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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Remove  
Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)* H17000084083 3

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

(b) The 90th day after the record is filed.

Dated MARCH 27TH 2017

Kimber L. Manuel

Signature of a member or authorized representative of a member

KIMBER L MANUEL

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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