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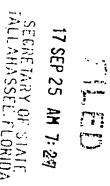
<del></del>	(Requestor's Name)	
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PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	<u>.                                    </u>
Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	<u> </u>
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: LAWRENCE'S LAWN (Name of Limited	Care and Handy Man Services LL Liability Company)
1	
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	e following:
. Touch retain an correspondence concerning and amount of an	
George D. Lawre	of Person)
Laurence's LAWN Co	are and Hundyman Services LLC Company)
3475 NE 106 ST	idress)
ANTHONY, FL.	and Zip Code)
For further information concerning this matter, please call:	
George Dava LAWrence III (Name of Person)	at ( 352 ) 598 - 6259 (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.	CTDEET/COUDIED ADDRESS.
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	1. The name of a limited liability company is		
	LAWRENCE'S LAWN Care and Handyman Services LLC.		
2.	The Articles of Organization were filed on April 10, 2017 and assigned		
	document number <u>L 17000079324</u>		
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).			
	Family Has decided to Relocate out of		
	the state of Florida to Relocate in		
	New Hampshine due to Family Reasons		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's		
	activities and affairs: George D LAWrence III		
	3475 NE 106 St ANHOUY FL 392677		
	Delovaly A LAURence SSY S		
	3475 NE 1065+ ANTHONY FL-32649 3 !T		
6. lis	Signature of an authorized person on if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:		
	Signature Printed Name		
	Signature Printed Name		

FILING FEE: \$25.00