

117000189445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

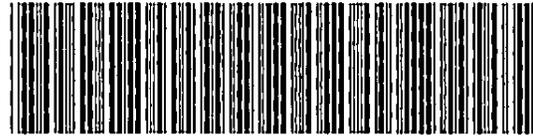
(Business Entity Name)

(Document Number)

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2021 JAN 15 AM 7:48  
STATE OF MISSISSIPPI  
RECORDS & ADMINISTRATION

O SIMMONS

FEB 23 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** H & S LAWN SERVICE, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KERRY ANNE SCHULTZ

\_\_\_\_\_  
(Name of Person)

SCHULTZ LAW GROUP, P.L.L.C.

\_\_\_\_\_  
(Firm/Company)

2779 GULF BREEZE PARKWAY

\_\_\_\_\_  
(Address)

GULF BREEZE/ FLORIDA/ 32563

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

For further information concerning this matter, please call:

KERRY ANNE SCHULTZ

\_\_\_\_\_  
(Name of Person)

at ( 850 7541600 )

\_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2021 JAN 15 AM 7:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
H & S LAWN SERVICE, LLC

2. The Articles of Organization were filed on 09/06/2017 and assigned  
document number L17000189448

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).

All members have mutually agreed to desolve the Company pursuant to the Company's Opperating Agreement.

All members have mutually agreed to desolve the Company pursuant to the Company's Opperating Agreement.

All members have mutually agreed to desolve the Company pursuant to the Company's Opperating Agreement.

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:

  
Signature

Rodney M. Howard  
Printed Name

FILING FEE: \$25.00