L2100034730

| (Requestor's Name) | | | |
|---|--|--|--|
| | | | |
| (Address) | | | |
| | | | |
| (Address) | | | |
| 6. 6. 7. 5. | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies Certificates of Status | | | |
| | | | |
| Special Instructions to Filing Officer: | | | |
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Sunshine State Corporate Compliance Company

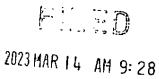
3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

| DATE 3/14/2023 | **WALK IN** |
|---------------------|--|
| ENTITY NAME AA S | OD & LANDSCAPING, LLC |
| DOCUMENT NUMBE | R |
| | **PLEASE FILE THE ATTACHED AND RETURN** |
| <u>xxx</u> xxxxxxx | Plain Copy |
| | Certified Copy |
| | Certificate of Status |
| | **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** |
| | Certified Copy of Arts & Amendments |
| | Certified Copy of Arts & Amendments Complete File (Including Annual Reports) |
| | Certificate of Status |
| | Certificate of Status Reflecting: |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** |
| COUNTRY OF DESTINA | 4770N |
| NUMBER OF CERTIFIC | PATES REQUESTED |
| TOTAL OWED \$ 25.0 | ACCOUNT # 120160000072 4: 1 |
| Please call Tina at | the above number for any issues or concerns. Thank goa so much! |

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|---|---|---|---|--|--|--|
| SUBJE | AA SOD & LANDSCAPING, LLC | | | | | |
| (Name of Limited Liability Company) | | | | | | |
| | losed Articles of Dissolution and fee(s) are submi | _ | | | | |
| riease re | eturn all correspondence concerning this matter to | the following: | | | | |
| | ARNOLDO MARTINEZ | | | | | |
| (Name of Person) | | | | | | |
| | | | | | | |
| | (Firm/Company) | | | | | |
| | 720 NE 78TH WAY | | | | | |
| | | (Address) | | | | |
| | OKEECHOBEE FL 34974 (City/State and Zip Code) | | | | | |
| | , | . , | | | | |
| For furth | ner information concerning this matter, please call | : | | | | |
| | ARNOLDO MARTINEZ | 863 at (| 634-0972 | | | |
| | (Name of Person) | (Area C | ode & 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: Description Section | Street Addres | | | | |
| | Registration Section Division of Corporations | Division of | Registration Section Division of Corporations | | | |
| P.O. Box 6327 Tallahassee, FL 32314 | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | | |
| l'alialiassee, i L 32514 | | Tallahassee, FL 32303 | | | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



| The name of a limited liability company is AA SOD & LANDSCAPING, LLC | | SEUTALET LASSES, FL |
|--|---|--|
| 2. The Articles of Organization were filed on $\frac{0.00}{1.00}$ | 2/03/2021 | and assigned |
| document number L21000034730 | | |
| 3. The delayed effective date the dissolution if r (effective date cannot be prior Note: If the date inserted in this block does not listed as the document's effective date on the De | to or more than 90 days later than date meet the applicable statutory filing | document is received for filing) |
| 4. A description of occurrence that resulted in th 605.0707, Florida Statutes, (copy 605.0707 or | ne limited liability company's d | lissolution pursuant to section |
| BUSINESS NO LONGER IN OPERATION | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | ··- | |
| | | |
| | | |
| 5. If there are no members, enter the name and a | address of the person appointed | to wind up the company's |
| activities and affairs: | | |
| | | |
| | | - 11 - |
| | | |
| | <u></u> - | <u> </u> |
| Signature of an authorized person or if there a above to wind up the company's activities and at | are no members, the signature of fairs: | of the person appointed and listed |
| Ashold mar Linon | ARNOLDO MARTINE | Z. |
| Signature | Printe | d Name |

FILING FEE: \$25.00