

L21000231424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

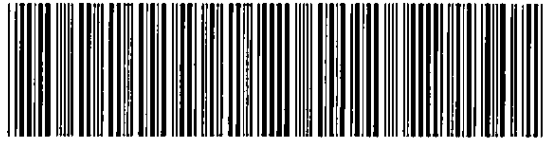
(Document Number)

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JAN 29 2024

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shades of Crazy Landscape Design 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:

Kristin Neron  
(Name of Person)

N/A  
(Firm/Company)

300 Spring Valley Dr.  
(Address)

Altamonte Springs, FL 32714  
(City, State and Zip Code)

For further information concerning this matter, please call:

Kristin A. Neron at ( 321 ) 277-1903  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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\$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**

1. The name of a limited liability company is

Shades of Crazy Landscape Design LLC

2. The Articles of Organization were filed on 5/18/22 and assigned

document number L21000231424

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).

Owner operation, decided to go back to  
work for a company as an employee. No  
longer able to put time to the business.

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

Kristin Moran  
300 Spring Valley Dr  
Altamonte Springs FL 32714

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:

K A Moran

Signature

Kristin A. Moran

Printed Name

**FILING FEE: \$25.00**