

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

Office Use Only



200426176032

03/25/24--01013--024 **25.00



COVER LETTER

•

TO:

Registration Section

Divis	sion of Corporations			
SUBJECT:	PROSPERITY LAWN AND POOL CARE,	L.L.C		
(Name of Limited Liability Company)				
The enclosed	Articles of Dissolution and fee(s) are submit	ted for filing.		
Please return a	all correspondence concerning this matter to	the following:		
	SPRING AMBRIZ			
	(Nar	me of Person)		
	PROSPERITY LAWN AND POOL CAL	RE, LLC		
(Firm/Company)		m/Company)	,	
	2265 S. LAGOON CIRLCE		,	
	(Address)			
	CLEARWATER, FL 33765			
	(City/Sta	ate and Zip Code)		
			69 69	
For further inf	formation concerning this matter, please call	· ·	C.7	
SPRING AMBRIZ		310 359-5690 at ()		
	(Name of Person)	(Area Code & Daytime Telephone Number	:r)	
Enclosed is a cl	neck for the following amount:			
■ \$25.00 Filing Fee and Certificate of Dissolution		☐ \$55 (8) Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
	ing Address:	Street Address:		
Registration Section		Registration Section Division of Corporations		
	ision of Corporations Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limite	
PROSPERITY LAWN	N AND POOL CARE, LLC
2. The Articles of Orga	inization were filed on 01/04/2024 and assigned
document number L	24000017880
Note: If the date inse	e date the dissolution if not effective on the date of filing: (04/01/2024) (effective date cannot be prior to or more than 90) days later than date document is received for filing) erted in this block does not meet the applicable statutory filing requirements, this date will not be it's effective date on the Department of State's records.
4. A description of occ	urrence that resulted in the limited liability company's dissolution pursuant to section itutes, (copy 605.0707 on back cover letter).
	NEED A LICENSE THAT I DO NOT HAVE THE TRAINING FOR AT THIS
TIME SO DECIDED 1	TO DISSOLUTION WAS BEST AT THIS TIME
If there are no member activities and affairs	pers, enter the name and address of the person appointed to wind up the company's SPRING AMBRIZ.
	2265 S LAGOON CIRCLE, CLEARWATER, FL 33765
	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
6. Signature of an auth above to wind up the co	orized person or if there are no members, the signature of the person appointed and listed ompany's activities and affairs:
	SPRING AMBRIZ
Sign	ature Printed Name

FILING FEE: \$25.00