## P0200113879

(Re	equestor's Name)	
	•	
(Ac	ddress)	
(Address)		
(Ci	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: JOYDAN LAWN Service Inc		
DOCUMENT NUMBER: P0200113879		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
M.L. Terry		
(Name of Person)		
(Name of Firm/Company)		
818 MAGIC COVE LAWE		
818 MAGIC COVE LAWE  JAX FL 32218		
(City/State/and Zip Code)		
For further information concerning this matter, please call:		
M.L. Terry at (904) 265-1903 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\to\$		
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section		

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

**Division of Corporations** 

Tallahassee, Florida 32314

P.O. Box 6327

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ursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following rticles of dissolution:
IRST: The name of the corporation as currently filed with the Florida Department of State:
ECOND: The document number of the corporation (if known): POZOCO11387
HIRD: The date dissolution was authorized: 9192003
Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
OURTH: Adoption of Dissolution (CHECK ONE)
Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
Dissolution was approved by of the shareholders through voting groups.
The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
The number of votes cast for dissolution was sufficient for approval by
Signed this, 2006.
Signature:  (By a director, president or other officer- if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
M. L. Tervy (Typed or printed name of person signing)
VP
(Title of person signing)

Filing Fee: \$35