

PO3000070776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

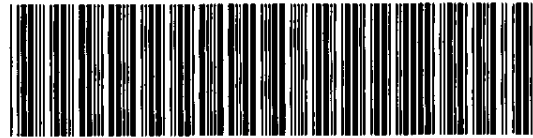
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/30/11--01024--021 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 30 PM 4:20

APPROVED
AND
FILED

5/5/12
5/5/11
7/

**Law Office of
Jamie B. Greusel, Esquire**

1104 North Collier Boulevard
Marco Island, FL 34145
239-394-8111

Jamie B. Greusel
Licensed in FL and NJ

December 27, 2011

State of Florida
Department of State
Corporate Division
P.O. Box 6327
Tallahassee, FL 32314

Re: K. Langford Lawn Care, Inc.

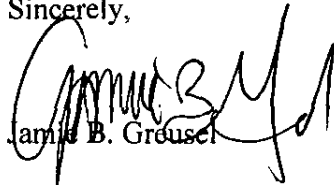
Dear Sir/Madam:

With regard to the above-named corporation, enclosed please find:

1. Duplicates of the Articles of Dissolution for K. Langford Lawn Care, Inc.,
2. Check in the amount of \$35.00 for the filing fee and certified copy, and
3. SASE.

Kindly file the Articles of Dissolution and return a certified copy in the envelope provided.
Thank you for your assistance.

Sincerely,



Jamie B. Greusel

JBG:lmc
Enclosures

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
K. LANGFORD LAWN CARE, INC.

SECOND: The document number of the corporation (if known): P03000070776

THIRD: The date dissolution was authorized: OCTOBER 14, 2011

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

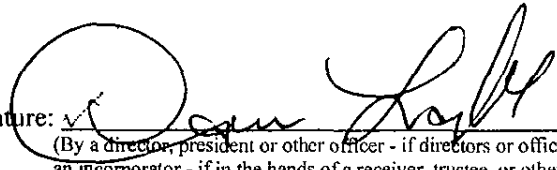
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by 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

(voting group)

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)

DONNA M. LANGFORD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

12 FEB 30 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED