P04000045590

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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: COURTESY LAWN CARE, INC.
DOCUMENT NUMBER: <u>PO40000 455 90</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
CALT E. EARLY, CPA PA (Firm/Company)
(Address) 60x21LEZ FL 32560 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (\$50) 918-2508 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) \$\bigcup \\$35 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following

of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: COURTESY LAWN CARE, INC. The document number of the corporation (if known): PO40000 45550 SECOND: THIRD: Effective date of dissolution if applicable: //-08.06

(no more than 90 days after dissolution file date) Adoption of Dissolution (CHECK ONE) FOURTH: 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 Signature: (By a director, president or other officer - if directors or officers have not been selected, by in incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) (Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: COURT 534 LADW CARE, INC Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: DATE OF SERVICE ANDION PURCHASE AMOUNT OF CHARLES
PERSON THAT AUTHORIZED SAME Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) PENGACOLA, FL 32526 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00