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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AHD135

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: CRICKET LAWN CARE INC	Y
	•
DOCUMENT NUMBER: P04000078551	
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
FRANK MARTINEZ	
(Name of Contact	Person)
FRANK MARTINEZ PA	
(Firm/Compa	any)
111 E MONUMENT AVE #312	
(Address)	
KISSIMMEE FL 34741-5772	
(City/State and Z	ip Code)
For further information concerning this matter, plea	se call:
FRANK MARTINEZ at	(407) 908-4075
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certificate (Addi	75 Filing Fee & \$\Bigcup \$\$52.50 Filing Fee, fied Copy Certificate of Status & 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 articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department o	f State:	
~	CRICKET LAWN CARE INC	•	
SECOND:	The document number of the corporation (if known): P04000078551		· · ·
THIRD:	The date dissolution was authorized: 12/31/08		
4	Effective date of dissolution if applicable: 03/15/09 (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 was sufficient for approval.	for disso	olution
	Dissolution was approved by the shareholders through voting groups.	·	
•	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	entitled.	
	The number of votes cast or dissolution was sufficient for approval by	: :	,
	•		₹s
• ,	(voting group)	09 001	ECRE TA
		-5 PH 12:	RY OF S
	(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)	2: 19	ORIDA
	EDUARDÓ RIBAS	٠	•
*	(Typed or printed name of person signing)	•.	. : :
	PRESIDENT		
•	(Title of person signing)		

Filing Fee: \$35