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COVER LETTER

Division of Corporations	
SUBJECT: LENNONS'S LAWN & HA	NDYMAN,INC.
DOCUMENT NUMBER: P06000066275	
The enclosed Articles of Dissolution and fee are submitted f	for filing.
Please return all correspondence concerning this matter to the	e following:
JAMES J LENNON	Title diponent
(Name of Contact Person)	······································
(Firm/Company)	
2315 S HALIFAX DR	
(Address)	
DAYTONA BEACH FL 32118-53	11
(City/State and Zip Code)	
For further information concerning this matter, please call:	
STUART FRANKFORD at 386	788-7616
(Name of Contact Person) (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 Certified Copy (Additional copenclosed)	Certificate of Status &
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

Taliahassee, 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 of State: LENNONS LAWN & HANDYMAN, INC.			
SECOND:	The document number of the corporation (if known): P06000066275			
ГНIRD:	The date dissolution was authorized: DECEMBER 31, 2012 Effective date of dissolution if applicable: DECEMBER 31, 2012 (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 dissol	ution	
	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:	ntitled		
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)		ΨŽ	
\$	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)	13 PER 19 AH IDI BB	SCORETARY OF STATE	
	JAMES LENNON			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

Filing Fee: \$35