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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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06/28/07--01022--002 **35.00

DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Articles of Dissolution of Good neighBorlun Co
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tony L Sylvester Sr (Name of Contact Person)
Good Neigh Bor Laun Care Inc. (Firm/Company)
112#A Cascade St = (Address)
Deltong Fl- 32725 (City/State and Zip Code)
For further information concerning this matter, please call:
Tonyl-Sylvester S. at (366) 956-7617 (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 Fee & \$\bigcup \\$52.50 Filing Fee, \$\bigcup \\$Certificate of Status & \$\bigcup \\$Certificate of Status & \$\bigcup \\$Certified Copy & \$\bigcup \\$Certified Copy & \$\bigcup \\$Certified Copy & \$\bigcup \\$Certified Copy & \$\bigcup \\$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 of State:	
	Good Neigh Bor Lawn Care, Inc.	
SECOND:	The document number of the corporation (if known):	
THIRD:	The date dissolution was authorized: 6-75-07	
	Effective date of dissolution if applicable: As Soon As Possible (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	
	Tony L. Sylvester Sr. / Don walls.	DIVISION OF
	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)	CORPORATIONS CORPORATIONS
	Tony L. Sylvester Sr (Typed or printed name of person signing)	
	$\rho \sim 1 + 1$	

Filing Fee: \$35

(Title of person signing)

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.

Date of disso.	Name of Corporation: Good neigh Bor Laun Care Inc. Date of dissolution will be the date the dissolution is filed with the Department of State or as			
specified in the	he Articles of Dissolution.			
Description o	of information that must be included in a claim:			
	· =			
	(Lood Magh Bor Laun Care Inc. 112 A Cascade St Deltona Fl.			
	11 FA Coscade ST Waltong Fl.			
	32725.			
	ast the above named corporation will be barred unless a proceeding to enforce the claim is commenced after the filing of this notice.			

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