(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Cir	ty/State/Zip/Phone	e #)	
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: ALL SEASONS LA	WN MAINTENANCE, INC.	
DOCUMENT NUMBER: P090000	24083	
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
DOREEN MILLER		
(Name of Co		
ALL SEASONS LAWN M	AINTENANCE, INC.	
,	Company)	
30631 BETTS RD		
(Addı	ress)	
MYAKKA CITY, FL 3425	1	
(City/State :	and Zip Code)	
For further information concerning this matter	, please call:	
DOREEN MILLER	at (941) 650-5176	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status	\$43.75 Filing Fee & \$\simeg \\$52.50 Filing Fee, Certified Copy Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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: ALL SEASONS LAWN MAINTENANCE, INC				
SECOND:	The document number of the corporation (if known): P0900024083				
THIRD:	The date dissolution was authorized: FEBRUARY 21, 2014				
	Effective date of dissolution if applicable: FEBRUARY 21, 2014 (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 to was sufficient for approval.	or dissolution			
	☐ 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				
	2	= 3			
	(voting group)	12 63 51			
	Signature:	CY OF STATE			
	(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)				
	DOREEN MILLER				
	(Typed or printed name of person signing)				
	SECRETARY				
	(Title of person signing)				

Filing Fee: \$35