

P09000037320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

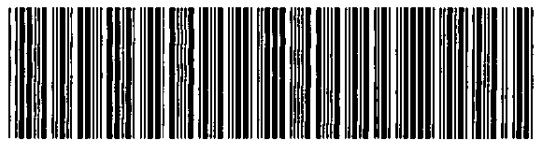
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/06/09--01013--008 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JAN 11 AM 9:11

FILED

*Diss. w/ Notice*

TB

JAN 12 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution

**DOCUMENT NUMBER:** PD 90000 37320

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne Stewart

(Name of Contact Person)

Robson Scribner + Stewart PA

(Firm/Company)

307 NE 36<sup>th</sup> Ave

(Address)

Ocala FL 34470

(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Stewart

(Name of Contact Person)

at ( 352 ) 694-4184

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

previously  
PAID

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2009

CHAD E MUFF  
17 LOCUST DR  
OCALA, FL 34472

SUBJECT: GRASS UNLIMITED, INC.  
Ref. Number: P09000037320

We have received your document for GRASS UNLIMITED, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 109A00027230

*Just rec'd papers-  
we moved.*

RECEIVED  
TALLAHASSEE, FLORIDA  
2010 JAN 11 AM 01:00

## 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:

Grass Unlimited, Inc.

SECOND: The document number of the corporation (if known): PO9000037320

THIRD: The date dissolution was authorized: 12-1-09

Effective date of dissolution if applicable: \_\_\_\_\_  
(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

\_\_\_\_\_  
(voting group)

Signature:

Chad muff

(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)

Chad E muff

(Typed or printed name of person signing)

President

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JAN 11 AM 9:11

FILED

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: Gross Unlimited, 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:

N/A

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

10220 SE 42<sup>nd</sup> Ct

Belleview FL 34420

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.

Chad E Muff

Printed Name of the Person Filing

Chad Muff

Signature of the Person Filing

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