

PO9KX065152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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09/07/10--01015--003 **35.00

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FILED
2010 SEP -7 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



THE LAW OFFICES OF
ROTSTEIN & SHIFFMAN

JONATHAN I. ROTSTEIN
MICHAEL A. SHIFFMAN

JURISDICTION ADMITTED
FLORIDA

Automobile
Accidents

September 1, 2010

Wrongful
Death Cases

Amendment Section
Division of Corporations
Post Office 6327
Tallahassee, FL 32314

Slip And Fall
Accidents /
Premise Liability

RE: Complete Law Care Service, Inc.
P09000065152

Dog Bites /
Animal Attacks

Dear Sir/Madam:

Enclosed please find the following concerning the above captioned matter:

Social Security &
Disability Cases

1. Cover Letter
2. Articles of Dissolution
3. Notice of Corporate Dissolution
4. Check payable to Florida Department of State in the amount of

\$35.00.

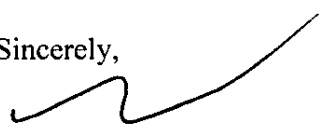
Workers
Compensation
Cases

Please make sure that the above is filed as soon as possible.

If you have any further questions, please do not hesitate to contact me, I remain

Business Law

Sincerely,


Jonathan I. Rotstein, Esquire
Law Office of Rotstein & Shiffman, LLP

Criminal
Defense Law

JIR/ddw
Enclosures as referenced above

cc: Michael Rotstein

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Complete Lawn Care Service, Inc

DOCUMENT NUMBER: P090000 65152

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

Please return all correspondence concerning this matter to the following:

JONATHAN I. ROTSTEIN Esq
(Name of Contact Person)

Rotskein & Shiffman LLC
(Firm/Company)

309 Oakridge Blvd.
(Address)

Daytona Beach, Florida 32118
(City/State and Zip Code)

For further information concerning this matter, please call:

JONATHAN I. ROTSTEIN at (386) 252-5560

(Name of Contact Person)

(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)

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:

Complete Lawn Care Service, Inc

SECOND: The document number of the corporation (if known): P09000065152

THIRD: The date dissolution was authorized: 8/30/10

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: _____

(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)

Michael Rotstein

(Typed or printed name of person signing)

President

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP - 7 PM 1:14

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: Complete Lawn Care, 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:

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

Jonathan I. Kotstein Esq
309 Oakridge Blvd
Daytona Beach, Fla. 32118

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.

Michael Kotstein
Printed Name of the Person Filing

Michael Kotstein
Signature of the Person Filing

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