78900065489

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SECRETARY OF LORIDA

519,11

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Articles of Dissolution - LEF	T COAST LAWNS, INC
DOCUMENT NUMBER: P09000065489	
The enclosed Articles of Dissolution and fee are su	hmitted for filing
	•
Please return all correspondence concerning this ma	itter to the following:
DICKERSON, D.J.	
(Name of Contact	Person)
LEFT COAST LAWNS, INC	
(Firm/Company)	
10707 59TH AVENUE	
(Address)	
SEMINOLE FL 33772	
(City/State and Zi	ip Code)
For further information concerning this matter, plea	se call:
	727 565-0138
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	•
	Tied Copy Certificate of Status & Certified Copy
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:
	LEFT COAST LAWNS, INC
SECOND:	The document number of the corporation (if known): P0900065489
THIRD:	The date dissolution was authorized: 05-01-2011
	Effective date of dissolution if applicable: 05-01-2011 (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)
	D. T. DICKERSON
	(Typed or printed name of person signing) Rusion インナ
	(Title of person signing)

Filing Fee: \$35