

P1 0000071639

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

**DISSOLUTION OR WITHDRAWAL
LMP INC TREE & SHRUB**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$43.75 |

2024 JUL 26 AM 8:55

FILED

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Corporate Filing Menu

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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:

LMP Inc Tree & Shrub

SECOND: The document number of the corporation (if known): P10000071639

THIRD: The date dissolution was authorized: July 26, 2024

Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

DocuSigned by:
Signature: Orlando Castillo, Jr.
FD04E7B10901458

(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)

Orlando Castillo, Jr.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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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: LMP Inc Tree & Shrub

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Name of claimants, date of claim, event giving rise to claim, amount claimed, and name, address, and

telephone number of contact to whom the Company should reply regarding the Claim.

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

Orlando Castillo, Jr.

13050 Highway 92 East

Dover, Florida 33527

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.

Orlando Castillo, Jr.

Printed Name of the Person Filing

DocuSigned by:

Orlando Castillo, Jr.

FD04E7B1D0D1458

Signature of the Person Filing

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