## P13000038832

(Reque	stor's Name)
(Addres	s)
(Addres	es)
(City/St	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	g Officer:

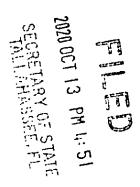




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## **COVER LETTER**

Division of Corporations	
SUBJECT: DISSOLUTION of Landscape & Post Maragnunt	! ; ^
DOCUMENT NUMBER: 13000038832	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John Cross	
(Name of Contact Person)	
(Firm/Company)	
9010 Sunrise Lakes Blud #112 (Address)	
(Address)	
SUNCISE, FZ 33322 (City/State and Zin Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
John (1055 at (954 372-6456	<del>-</del>
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy  (Additional copy is enclosed) (Additional copy is enclosed)	
Mailing Address: Street Address:	
Amendment Section Amendment Section  Division of Corporations Division of Corporations	
Strictor of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## FILED

## ARTICLES OF DISSOLUTION 2020 OCT 13 PM 4:51

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:
	Londscape + Post Management, Inc.
SECOND:	The document number of the corporation (if known): P 13000033832
THIRD:	The date dissolution was authorized: $6/30/40$
	Effective date of dissolution if applicable: 6/30/30
	(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.
\$	
	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)
	John (voss
	(Typed or printed name of person signing)
	Title of person signing)

Filing Fee: \$35