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(Cit	ty/State/Zip/Phone	e #)
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/30/19

NAME: ABC DISPOSITION COMPANY, LLC

TYPE OF FILING: STATEMENT OF TERMINATION

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: ABC Disposition Company, LLC		
30D3EC1:	nited Liability Company	
Dear Sir or Madam:		
The enclosed Statement of Termination and	I fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Lisa Drew, Paralegal		
Name of Person	<del></del>	
Bone McAllester Norton		
Firm/Company		
511 Union Street, Stc. 1600		
Address		
Nashville, TN 37219		
City/State and Zip Code		
ldrew@bonelaw.com		
E-mail address: (to be used for fut	ure annual report notification)	
For further information concerning this mat	tter, please call:	
Lisa Drew	at (615 ) 248-8136	
Name of Person	Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

CR2E141 (12/13)

Tallahassee, Florida 32301

### STATEMENT OF TERMINATION

Termination:	itutes, I nereby submit the following S	tatement of
FIRST: The name of the limited liability cor	mpany is:	
ABC Disposition Company, LLC		
SECOND:		
The date of filing of the initial article	es of organization is: February 4, 2005	·
THIRD: The date of filing of the dissolution  December 26, 2019	n is:	
FOURTH: This limited liability company has determined that it will file a statement of	•	and affairs and
Dil.	Gregory S. Dail y, Manager	2019) SECR
	Typed or printed name of signature of signature of signature graphs of the signature of signatur	PILED 2019 DEC 30 AM 10: 42 SECRETARY OF STATE TALLAHASSEE, FL

CR2E141 (12/13)