

C18000277033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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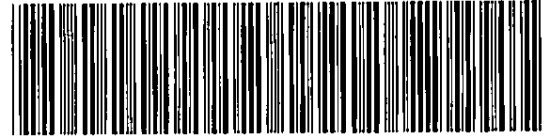
(Business Entity Name)

(Document Number)

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DATE: 01/19/2024

NAME: LAKELAND LINEN, LLC

TYPE OF FILING: TERMINATION

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AUTHORIZATION: ABBIE/PAUL HODGE



STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: Lakeland Linen, LLC

SECOND: The Florida Document number of the limited liability company is: L18000277033

THIRD: The date of filing of the initial articles of organization is: December 3, 2018

FOURTH: The date of filing of the dissolution is: January 17, 2024

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.


Signature of Authorized Representative

David DiDonna
Typed or printed name of signature

Filing Fee: \$25.00
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