

L11000016109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

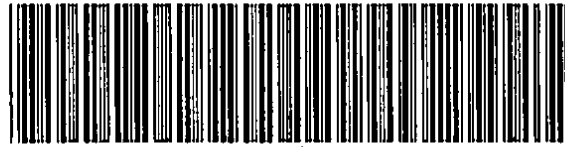
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 9613 ROYCE LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERRI BRINDLEY, MANAGER

Name of Person

9613 ROYCE LLC

Firm/Company

P.O. BOX 4183

Address

GRANBY, CO 80446

City/State and Zip Code

terri.brindley@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terri Brindley

Name of Person

at (303) 242-6220

Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF TERMINATION

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

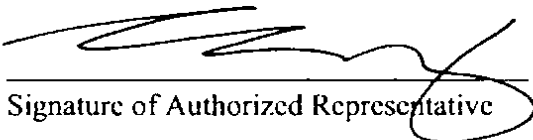
FIRST: The name of the limited liability company is: 9613 ROYCE LLC

SECOND: The Florida Document number of the limited liability company is: L11000016109

THIRD: The date of filing of the initial articles of organization is: 02/08/2011

FOURTH: The date of filing of the dissolution is: 01/06/2017

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

Terri G. Brindley, Manager
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA