L04000052410	
(Requestor's Name) (Address) (Address)	900282940999
(City/State/Zip/Phone #)	03/07/1601017023 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	16 MAR 23 AF SECRETANT OF TALLAHASSEE
Special Instructions to Filing Officer:	AH 9:33 OF STAFE F. FLORIDA
Office Use Only	o 5 2016 AS



COVER LETTER

TO: **Registration Section Division of Corporations**

Laser Path Technologies, LLC Name of Limited Liability Company **SUBJECT:**

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:

Robert Hopkins Name of Person

Firm/Company Wrights Road, Suite 1025 Address Oviedo, FL 32765 City/State and Zip Code Rob. Laserpath@gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Hopkils at (407) 247-3930 Name of Person 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

CR2E141 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2016

ROBERT HOPKINS 2789 WRIGHTS ROAD, SUITE 1025 OVIEDO, FL 32765

SUBJECT: LASERPATH TECHNOLOGIES, LLC Ref. Number: L04000052410

i6 HH ယ္လ

We have received your document for LASERPATH TECHNOLOGIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 816A00004812



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 Tallabassee 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: <u>Laser Path Technologies</u> , <u>LLC</u>
SECOND: The Florida Document number of the limited liability company is: $L\phi 4\phi \phi \phi 5241\phi$
THIRD : The date of filing of the initial articles of organization is: $\frac{07/12/2004}{2004}$
FOURTH: The date of filing of the dissolution is: $\frac{12/31}{2015} 3 23/16}$.

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

Rober HOD

Typed or printed name of signature

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



CR2E141 (2/14)