

L040000073901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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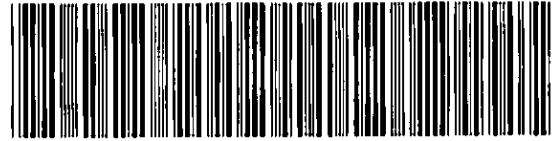
(Business Entity Name)

(Document Number)

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Acc#I20160000072

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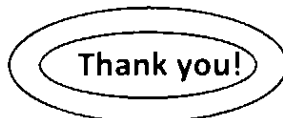
Name:	Midway/Navarre Properties, L.L.C.
Document #:	
Order #:	13893540

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
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Amount: \$ 55.00



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Midway/Navarre Properties, L.L.C.

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:

Melissa Childers

Name of Person

Maynard, Cooper & Gale, P.C.

Firm/Company

1901 Sixth Avenue North, Suite 1700

Address

Birmingham, AL 35203

City/State and Zip Code

mchilders@maynardcooper.com

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

For further information concerning this matter, please call:

Melissa Childers

at (205) 488-3612

Name of Person

Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Midway/Navarre Properties, L.L.C.

SECOND: The Florida Document number of the limited liability company is: L04000073901

THIRD: The date of filing of the initial articles of organization is: October 12, 2004

FOURTH: The date of filing of the dissolution is: August 18, 2021

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

The company has ceased to do business.

DocuSigned by:

Melissa Childers

04000073901

Signature of Authorized Representative

Melissa Childers

Typed or printed name of signature

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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