

L06000021031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

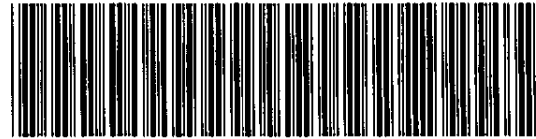
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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2/26/18 DS

STATEMENT OF TERMINATION

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

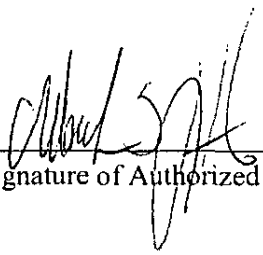
FIRST: The name of the limited liability company is: Carmela's of Kirkman Operating, LLC

SECOND: The Florida Document number of the limited liability company is: 16-1751182

THIRD: The date of filing of the initial articles of organization is: 02/27/2006

FOURTH: The date of filing of the dissolution is: 09/25/2015

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

Mark S. Inzetta

Typed or printed name of signature

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

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