

107000094564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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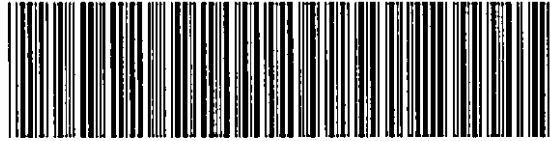
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

107

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Avenue Financial Services, 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:

Robert Murdock

Name of Person

Firm/Company

P O Box 334

Address

Mount Dora FL 32756-0334

City/State and Zip Code

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

For further information concerning this matter, please call:

Robert Murdock

Name of Person

at (352) 255-4550

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: First Avenue Financial Services, LLC

SECOND: The Florida Document number of the limited liability company is: L07000094564

THIRD: The date of filing of the initial articles of organization is: 09/17/2007

FOURTH: The date of filing of the dissolution is: 06/28/2021

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

Robert Murdock
Signature of Authorized Representative

Robert Murdock

Typed or printed name of signature

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

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