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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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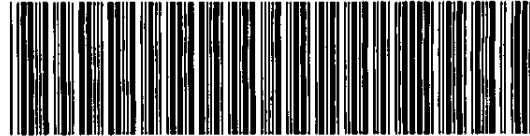
(Business Entity Name)

(Document Number)

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SEP 15 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOAPS 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:

DARRYL GNAT

Name of Person

SOAPS LLC.

Firm/Company

4102 SW. BAIRD ST.

Address

PORT ST. LUCIE, FL. 34953

City/State and Zip Code

DGNAT61048@AOL.COM

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

For further information concerning this matter, please call:

DARRYL GNAT

Name of Person

at (772) 626-5397

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: SOAPS LLC.

SECOND: The Florida Document number of the limited liability company is: L09000033556

THIRD: The date of filing of the initial articles of organization is: APRIL 6, 2009

FOURTH: The date of filing of the dissolution is: AUGUST 28-2015

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

Darryl R. Gnat

Signature of Authorized Representative

DARRYL R. GNAT

Typed or printed name of signature

FILED
15 SEP 14 AM 3:48
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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)