

LO9000036730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

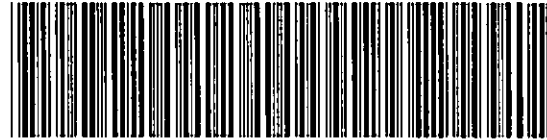
(Business Entity Name)

(Document Number)

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MAR 29 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6180 Idlewild, 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:

Stuart R. Cohen, Esquire

Name of Person

Firm/Company

1963 N.W. 22nd Street

Address

Stuart, FL 34994

City/State and Zip Code

tee2green2001@aol.com

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

For further information concerning this matter, please call:

Stuart R. Cohen

Name of Person

at (561)

719-3462

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:

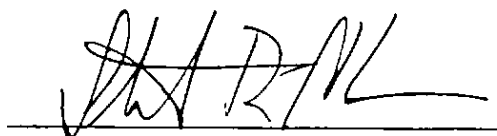
FIRST: The name of the limited liability company is: 6180 Idlewild, LLC

SECOND: The Florida Document number of the limited liability company is: L09000036730

THIRD: The date of filing of the initial articles of organization is: April 16, 2009

FOURTH: The date of filing of the dissolution is: December 7, 2018

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

Stuart R. Cohen

Typed or printed name of signature

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

CR20141 (2/14)

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