

L09000072253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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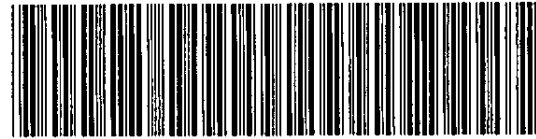
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY

FEB 27 2018

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CTA CDE SUB 2, LLC

SECOND: The Florida Document number of the limited liability company is: L09000072253

THIRD: The date of filing of the initial articles of organization is: July 27, 2009

FOURTH: The date of filing of the dissolution is: February 22, 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.

Ed Gray III
Signature of Authorized Representative

Edward Gray III
Typed or printed name of signature

Filing Fee: \$25.00
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