# L0900095113

(Requestor's Name)	_
j (Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	-
	-
Office Use Only	



08/24/15--01031--014 \*\*\$0.00

2015 AUG 24 P 5: 10 RETARY RY OF STATE SEE. FLORIDA

٤

AUG 2 6 2015

# S MASON



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 25, 2015

CLAYTON J.M. ADKINSON POST OFFICE BOX 1207 DEFUNIAK SPRINGS, FL 32435

SUBJECT: 3110 ACQUISITIONS, LLC Ref. Number: L09000095773

We have received your document for 3110 ACQUISITIONS, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 315A00017914

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: 3110 Acquisitions, 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:

Clayton J.M. Adkinson

Name of Person

Adkinson Law Firm, LLC

Firm/Company

Post Office Box 1207

Address

DeFuniak Springs, Florida 32435

City/State and Zip Code

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

For further information concerning this matter, please call:

 Clayton J.M. Adkinson
 at (850)
 892-5195

 Name of Person
 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

CR2E141 (2/14)

### 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: <u>3110 Acquisitions, LLC</u>

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

**THIRD**: The date of filing of the initial articles of organization is: \_\_\_\_\_

FOURTH: The date of filing of the dissolution is:

**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

Clayton J.M. Adkinson

Typed or printed name of signature

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

CR2E141 (2/14)

١

υ ပှာ 5