

LO9000 111889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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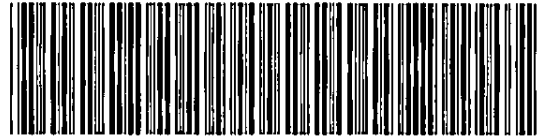
(Business Entity Name)

(Document Number)

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SECTION 601
TALLAHASSEE, FL

SEP 20 2019
C. H. H. H.

COVER LETTER

TO: Registration Section
Division of Corporations
Unity Ventures I, LLC

SUBJECT: _____
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:

Joseph A. Crupi

Name of Person
Unity Ventures I, LLC

Firm/Company
3202 Wilderness Blvd. East

Address
Parrish, Florida 34219

City/State and Zip Code
joe@hightechlink.com

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

For further information concerning this matter, please call:

Joseph Crupi 941 735-4880
_____ at (_____) _____
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

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

Unity Ventures I, LLC

FIRST: The name of the limited liability company is: _____

SECOND: The Florida Document number of the limited liability company is: L09000111889

THIRD: The date of filing of the initial articles of organization is: 11/20/2009

FOURTH: The date of filing of the dissolution is: 03/22/2019

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

Joseph A. Crupi

Typed or printed name of signature

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

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SECRETARY OF STATE
TALLAHASSEE, FL