

1100000 30546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

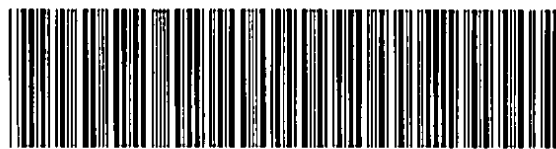
(Business Entity Name)

(Document Number)

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OFFICE OF CORPORATIONS
20 MAR -9 PM 12:42

Statement of
Termination

MAR 26 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Employer's Service Company of Monroe County 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:

Luther S Ackiss

Name of Person

Firm/Company

PO Box 430771

Address

Big Pine Key FL 33043-0271

City/State and Zip Code

happycoconut@aol.com

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

For further information concerning this matter, please call:

Luther S. Ackiss

Name of Person

at (305) 849 3121

Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATEMENT OF TERMINATION

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

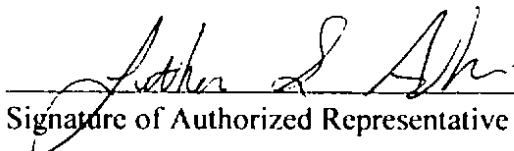
FIRST: The name of the limited liability company is: Employers Service Company of
Monroe County LLC

SECOND: The Florida Document number of the limited liability company is: L10000030546

THIRD: The date of filing of the initial articles of organization is: 01/08/1990

FOURTH: The date of filing of the dissolution is: 03/04/2020

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

Luther S ACKISS
Typed or printed name of signature

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

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