

L10000050596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

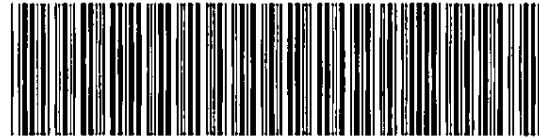
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C. Kline

COVER LETTER

TO: Registration Section
Division of Corporations
UVI-P103, 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

UVI-P103, 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:

UVI-P103, LLC

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

SECOND: The Florida Document number of the limited liability company is: L1000050596

THIRD: The date of filing of the initial articles of organization is: 05/11/2010

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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