LI 0000053861

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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2015 NAR 11 PN 2:50

N. Culligan MAR 1 2 2015

COVER LETTER

TO: Registration Section Division of Corporations	V 2	ere d
SUBJECT: Effusive Plastic, LLC, Name of Einsted Liability Company	, , , , , , , , , , , , , , , , , , , 	
Dear Sir or Madam:		
The enclosed Statement of Termination and fee(s) are submitted for filing. [JEPPPAPO- OF	#1 7881
Bridget Deenihan Name of Person		
Effusive Plastic, LLC Firm/Company		
421 Chadwell Drive Address		
Madison, TN 37115 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call: Bridge+ Deenihan at (407) 716-	A STATE OF THE STA	aisopt i
Bridget Deenihan at (407) 716-	1935	2,7

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

J Name of Person

MAILING ADDRESS:

Area Code Daytime Telephone Number

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

CR2E141 (2/14)



February 17, 2015

BRIDGET DEENIHAN 421 CHADWELL DRIVE MADISON, TN 37115

SUBJECT: EFFUSIVE PLASTIC LLC

Ref. Number: L10000053867

We have received your document for EFFUSIVE PLASTIC LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

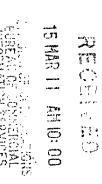
A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 315A00003323



STATEMENT OF TERMINATION

FILED

	2015 MAR 11 PM 2: 50
Pursuant to section 605.0709(7), Florida Statutes, I her FIRST: The name of the limited liability company is:	and the second of the second o
riksi: The name of the ninked hability company is:	Cirative Haire, Co
SECOND: The Florida Document number of the limi	ted liability company is: L100000 53867
Tax 10 80-0769992	
THIRD: The date of filing of the initial articles of org	ganization is: 2/26/12 30 100 100
FOURTH: The date of filing of the dissolution is:	3/11/15 1870,4 410492
	sural lines and in the
FIFTH: This limited liability company has completed that it will file a statement of termination.	I winding up its activities and affairs and has determined
	complete distinctions of the comments
Biologik A. Breich Signature of Authorized Représentative Types	dor printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E141 (2/14)