

L10000068810

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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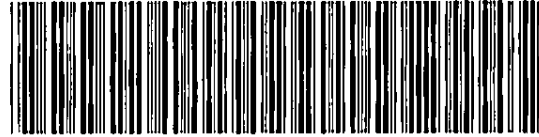
(Business Entity Name)

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3458 Lakeshore Drive, Tallahassee, FL 32312
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Date: 09/28/2021

Acc#I20160000072

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Name:	PRAETORIAN OF OPA LOCKA, LLC
Document #:	
Order #:	13866741 - 7

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Practorian of Opa Locka, 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:

Jennifer Carusone

Name of Person

Robinson, Bradshaw & Hinson, P.A.

Firm/Company

101 N. Tryon Street, Suite 1900

Address

Charlotte, NC 28246

City/State and Zip Code

jcarusone@robinsonbradshaw.com

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

For further information concerning this matter, please call:

Jennifer Carusone

Name of Person

at (704) 377-8156

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

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: Practorian of Opa Locka, LLC

SECOND: The Florida Document number of the limited liability company is: L10000068810

THIRD: The date of filing of the initial articles of organization is: June 28, 2010

FOURTH: The date of filing of the dissolution is: September 9, 2021

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

/s/ Jane Powers Huggins
Signature of Authorized Representative

Jane Powers Huggins
Typed or printed name of signature

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

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