

210000075539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

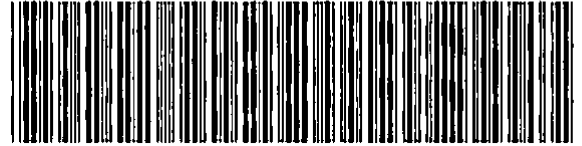
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800374013148

Statement of
Termination

10/15/21--01004--016 **25.00

2021 OCT 15 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

A. RAMSEY

OCT 28 2021

mailed 10/12/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Abad Airport Road GP 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:

Jonathan Abad

Name of Person

Plam Beach 2010 Investor LLC

Firm/Company

455 16th Street

Address

Carlstadt, NJ 07072

City/State and Zip Code

jabad@gcneral-trading.com

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

For further information concerning this matter, please call:

Jonathan Abad

at (201) 935-7717 x7456

Name of Person

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

FILED

2021 OCT 15 AM 10:03
CLERK OF STATE
HASSELL, FL

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

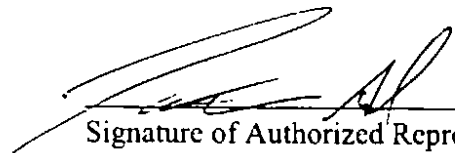
FIRST: The name of the limited liability company is: Abad Airport Road GP LLC

SECOND: The Florida Document number of the limited liability company is: L10000075539

THIRD: The date of filing of the initial articles of organization is: July 16, 2010

FOURTH: The date of filing of the dissolution is: October 8, 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.


Signature of Authorized Representative

Jonathan Abad
Typed or printed name of signature

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