

L100000087102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

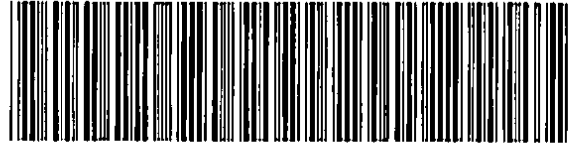
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400375728784

2021 OCT 28 AM 9:02
RECEIVED

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

2021 OCT 28 PM 2:57

RECEIVED

Phil - KCM

OCT 29 2021
ALBRITTON

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 10/28/2021

Acc#I20160000072

en: c DW

Name:	LBUBS 2003-C8 PBG Retail, LLC
Document #:	
Order #:	13907708

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

Thank you!

FILED
2021 OCT 28 AM 9:02

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: _____

LBUBS 2003-C8 PBG RETAIL, LLC

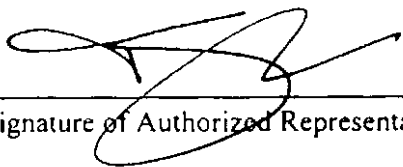
SECOND:

The date of filing of the initial articles of organization is: 08/18/2010

THIRD: The date of filing of the dissolution is:

05/16/2019

FOURTH: 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

Tausha Wagner

Typed or printed name of signature

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

CR2E141 (12/13)