

L110000 93855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

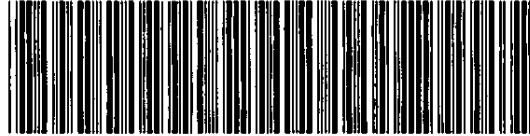
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILK OAK PUBLISHING 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:

KARLENE CONROY

Name of Person

SILK OAK PUBLISHING LLC

Firm/Company

1865 Alexander Lane

Address

Malabar, FL 32950-3319

City/State and Zip Code

karlenec@cfl.rr.com

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

For further information concerning this matter, please call:

Karlene Conroy

Name of Person

at (**321**)

Area Code

723-0138

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:

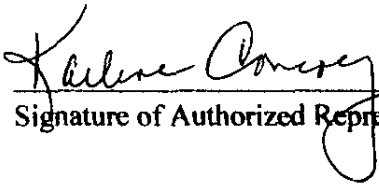
FIRST: The name of the limited liability company is: SILK OAK PUBLISHING LLC

SECOND: The Florida Document number of the limited liability company is: L11000093855

THIRD: The date of filing of the initial articles of organization is: August 16, 2011

FOURTH: The date of filing of the dissolution is: April 1, 2016

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

Karlene Conroy

Typed or printed name of signature

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

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