L11000099669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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Date: 10/28/2021

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Name:	FUCMS 2001-C2 Arlington Expressway, LLC
Document #:	
Order #:	13907708

Certified Copy of Arts & Amend:	☐			
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Amount: $ 25.00

Thank you!

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: FUCMS 2001-C2 ARLINGTON EXPRESSWAY, LLC

SECOND: The Florida Document number of the limited liability company is: L11000099669

THIRD: The date of filing of the initial articles of organization is: 08/30/2011

FOURTH: The date of filing of the dissolution is: 02/13/2017.

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

Tausha Wagner
Typed or printed name of signature

Filing Fee: $25.00
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