

L11000099669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

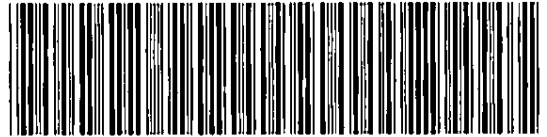
(Document Number)

Certified Copies _____

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3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 10/28/2021

Acc#I20160000072

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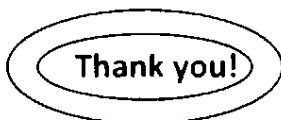
Name:	FUCMS 2001-C2 Arlington Expressway, LLC
Document #:	
Order #:	13907708

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
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Verifier _____
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Ref# _____

Amount: \$ 25.00



STATEMENT OF TERMINATION

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

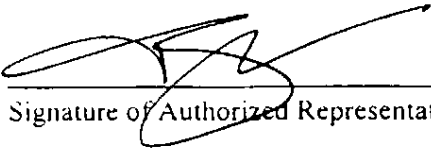
FIRST: The name of the limited liability company is: FUCMS 2001-C2 ARLINGTON EXPRESSWAY, LLC

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
Certified Copy: \$30.00 (optional)

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