

L11000 103 969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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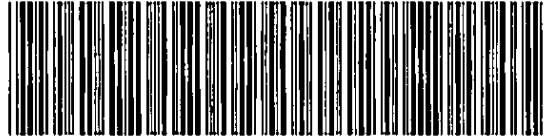
(Business Entity Name)

(Document Number)

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C. GOLDEN

JAN 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AM Precision Composites, 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:

Guy S. Haggard

Name of Person

Gray-Robinson, PA

Firm/Company

301 E. Pine St, Suite 1400

Address

Orlando, FL 32801

City/State and Zip Code

ghaggard@gray-robinson.com

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

For further information concerning this matter, please call:

Guy S. Haggard

Name of Person

at (407) 843-8880

Area Code 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: AM Precision Composites, LLC

SECOND: The Florida Document number of the limited liability company is: L11000103969

THIRD: The date of filing of the initial articles of organization is: September 12, 2011

FOURTH: The date of filing of the dissolution is: October 18, 2015

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

Deena Mapple, Manager

Typed or printed name of signature

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

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