

L11000116928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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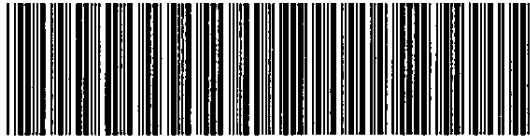
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Foram Management and Leasing 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:

Kristin Stringer  
Name of Person

Foram Group Inc  
Firm/Company

3045 Lucaya Street  
Address

Miami, FL 33133  
City/State and Zip Code

k1stringer@foramgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin Stringer at (305) 772-2808  
Name of Person 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: Foram Management and Leasing LLC

**SECOND:** The Florida Document number of the limited liability company is: L11000116928

**THIRD:** The date of filing of the initial articles of organization is: 10/07/2011

**FOURTH:** The date of filing of the dissolution is: 03/02/2016

**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

Kristin Stringer  
Typed or printed name of signature

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

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