

L11 000129219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 330-RMW, 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:

Ruth J. Brackney, Esq.

\_\_\_\_\_  
Name of Person

Lathrop GPM LLP

\_\_\_\_\_  
Firm/Company

10851 Mastin Boulevard, Suite 1000

\_\_\_\_\_  
Address

Overland Park, KS 66210

\_\_\_\_\_  
City/State and Zip Code

ruth.brackney@lathropgpm.com

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

For further information concerning this matter, please call:

Ruth J. Brackney, Esq.

at ( 913 ) 451-5104

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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: 330-RMW, LLC

**SECOND:** The Florida Document number of the limited liability company is: L11000129219

**THIRD:** The date of filing of the initial articles of organization is: November 14, 2011

**FOURTH:** The date of filing of the dissolution is: June 30, 2020

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Rosalyn J. Jacobson Rosalyn J Jacobson  
Signature of Authorized Representative      Typed or printed name of signature

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

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