111000131229

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700375728837

2021 OCT 28 PM 3: 06 RECEIVED

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

10/28/2021

D	ate:	10/28/2021	_
		Acc#I2016000007	$\frac{1}{2}$ $4:1$
Name:	LBUBS 2	001-C3 Gibsonton Ret	ail, LLC
Document #:			
Order #:	13907708		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🚺	Certifie Plain: COGS:	d:	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amoun	t:\$ 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:					
SECOND: The date of filing of the initial articles of organization is: 11/17/2011	2021 OC STONE				
<u> </u>	28				
THIRD: The date of filing of the dissolution is: 05/13/2016	MH 9: 08				

FOURTH: 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)

CR2E141 (12/13)