

L11000140065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

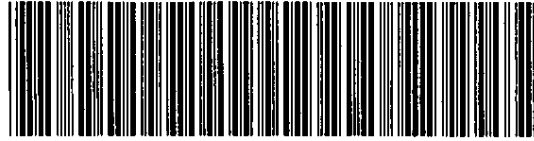
(Business Entity Name)

(Document Number)

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15 MAY 18 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WAP 5/21/15

# WILLIAMS MULLEN

Direct Dial: 757.473.5436  
wchappell@williamsmullen.com

May 14, 2015

File No.: 062756.0001

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Check # 515637

RE: SSL of North Miami FL, LLC  
FL Doc#: L11000140065  
Statement of Termination

Dear Sir or Madam:

Please file the enclosed Statement of Termination on behalf of the above referenced entity.

I enclose our firm's check in the amount of \$25.00 for the filing for fees.

Please return the acknowledgment of filing to my attention at the address below as soon as possible.

Should you have questions regarding this matter, please contact me. Thank you.

Sincerely,



Wendy M. Chappell  
Corporate Paralegal

Enclosures

28050193\_1

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SSL of North Miami FL, 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:

Wendy M. Chappell, Paralegal

Name of Person

Williams Mullen Clark & Dobbins PC

Firm/Company

222 Central Park Avenue, Suite 1700

Address

Virginia Beach, VA 23462

City/State and Zip Code

wchappell@williamsmullen.com

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

For further information concerning this matter, please call:

Wendy M. Chappell, Paralegal

Name of Person

at ( 757 ) 473-5436

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

CR2E141 (12/13)

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15 MAY 18 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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: SSL of North Miami FL, LLC

SECOND:

The date of filing of the initial articles of organization is: December 13, 2001

THIRD: The date of filing of the dissolution is:  
April 6, 2015

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

Michael A. Marshall  
\_\_\_\_\_  
Typed or printed name of signature

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

CR2E141 (12/13)

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TALLAHASSEE, FLORIDA