

L11000142029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

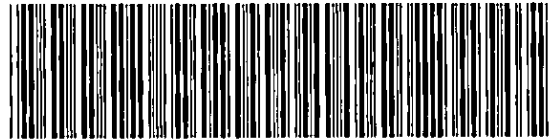
(Business Entity Name)

(Document Number)

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Y. GULKER

OCT 29 2021

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 10/28/2021

Acc#I20160000072

en: c DW

Name:	CMLT 2008-LS1 Office 250, LLC
Document #:	
Order #:	13907708

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 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: _____

CMLT 2008-LSI OFFICE 250, LLC

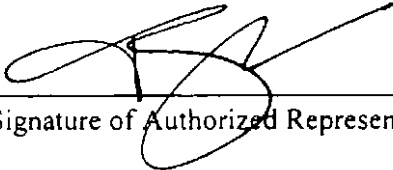
SECOND:

The date of filing of the initial articles of organization is: 12/19/2011

THIRD: The date of filing of the dissolution is:

07/21/2017

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

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CLARK COUNTY, FL

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

CR2E141 (12/13)