

L120000025434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**CT CORP**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 10/28/2021

Acc#120160000072

*mic DW*

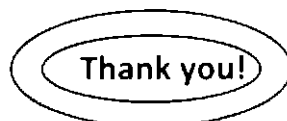
Name:	LBUBS 2002-C7 Complex 2401, LLC
Document #:	
Order #:	13907708

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Plain Copy:	<input type="checkbox"/>		
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Amount: \$ **25.00**



## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

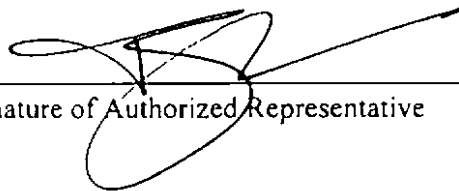
**FIRST:** The name of the limited liability company is: LBUBS 2002-C7 COMPLEX 2401, LLC

**SECOND:** The Florida Document number of the limited liability company is: L12000025434

**THIRD:** The date of filing of the initial articles of organization is: 2/22/2012

**FOURTH:** The date of filing of the dissolution is: 2/13/2017

**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

Tausha Wagner

Typed or printed name of signature

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SECRETARY OF STATE  
FLORIDA

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)