

L12000086695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

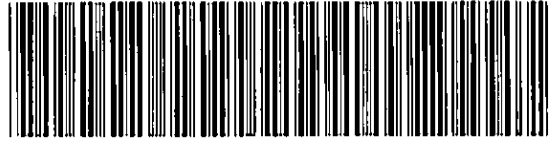
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900374879169

FILED  
2021 OCT 28 AM 8:02  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
2021 OCT 28 PM 2:35  
TALLAHASSEE, FL

Y SULKER

OCT 29 2021

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 10/28/2021

Acc#120160000072

*en: c DW*

Name:	BACM 2007-4 Retail 4401, LLC
Document #:	
Order #:	13907708

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
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: \_\_\_\_\_

BACM 2007-4 RETAIL 4401, LLC

SECOND:

The date of filing of the initial articles of organization is: 07/02/2012

THIRD: The date of filing of the dissolution is:

01/21/2020

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 signatory

FILED  
2021 OCT 28 AM 8:02  
CLARK COUNTY STATE  
CLARK COUNTY, FL

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

CR2E141 (12/13)