L12000110502

(Requestor's Name) (Address)			
(Address)	300359274633		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	02/16/2101019010 **25.00 ↓		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2021 FEB 16 PM 7:		
	27		

Office Use Only

S. YOUNG

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	Floridian #6 Partners LLC		
SUBJECT:		ne of Limited Liabi	lity Company
Dear Sir or	Madam:		
The enclose	d Statement of Termination ar	id fee(s) are submit	ited for filing.
Please retur	n all correspondence concernit	ng this matter to the	e following:
Jessi Merlo			
	Name of Person		
Crane Capital	Group Inc.		
<u>.</u>	Firm/Company		
501 Crawford	St., Suite 300		
	Address		
Houston, Tex	as 77002		
	City/State and Zip Code		
jmerło@crane	e-group.com		
E-mail add	lress: (to be used for future an	nual report notifica	tion)
For further	information concerning this ma	atter, please call:	
Jessi Merlo		713 at ()	259-8921
	Name of Person		Daytime Telephone Number

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E141 (2/14)

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of T	erminat	ion:
FIRST: The name of the limited liability company is: Floridian #6 Partners LLC		Ì
		ĺ
		
SECOND: The Florida Document number of the limited liability company is: L12000110502		<u> </u>
		•
THIRD: The date of filing of the initial articles of organization is: 08/28/2012		
THIRD: The date of filing of the initial articles of organization is:		1
FOURTH: The date of filing of the dissolution is: 01/13/2021	·	
FIFTH: This limited liability company has completed winding up its activities and affairs and	l bos data) mminad
that it will file a statement of termination.	i nas dete	
		1
	207	
James R. Crane	2021 FEB 16	
Signature of Authorized Representative Typed or printed name of signature		•
~ · · · · · · · · · · · · · · · · · · ·		
Ullian Fact \$25.00	<u> </u>	
Filing Fee: \$25.00 ; Certified Copy: \$30.00 (optional)	PM 7:27	
	~	

CR2E141 (2/14)