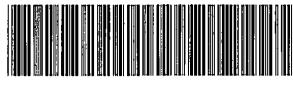
42000 128 654

| (Re | equestor's Name) | |
|-------------------------|---------------------|-------------------|
| | | |
| (Ac | idress) | |
| | | |
| (Ac | ldress) | - |
| • | , | |
| (Cir | ty/State/Zip/Phone | <u> </u> |
| (| tyrotaterzipit none | - 11) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| | ısiness Entity Nar | ne) |
| | | |
| (Document Number) | | |
| (| , | |
| Carlind Carlon | Contificator | a of Status |
| Certified Copies | _ Certificates | s or Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| " " | | |

Office Use Only



300333524173

08/38/18--01833--837 **98.88

SER SEP 30 P FE FE

SEP 1 COS

COVER LETTER

| то: | Registration Section Division of Corporations | | | |
|------------------------------|---|-------------------|------------------------------|--|
| | Erojohtahia I.I.C | | | |
| SUBJ | BJECT: Name of Limited Liability Company | | | |
| Dear ! | Sir or Madam: | | | |
| The e | nclosed Statement of Termination and | l fec(s) are subi | mitted for filing. | |
| Please | e return all correspondence concerning | g this matter to | the following: | |
| Rafa | el Martorell | | | |
| | Name of Person | | _ | |
| Freig | htship LLC | | | |
| | Firm/Company | | _ | |
| 2457 | Collins Ave Apt 702 | | | |
| | Address | | _ | |
| Miam | ni Beach .FL 33140 | | | |
| | City/State and Zip Code | | _ | |
| rmj36 | 65@gmail.com | | | |
| E-ma | ail address: (to be used for future annu | ial report notifi | eation) | |
| For fu | orther information concerning this mat | ter, please call | | |
| Rafa | el Martorell | 305 at (| 331-5361 | |
| | Name of Person | Area Coc | le Daytime Telephone Number | |
| | | | | |
| | | | ANG ADDRESS: tration Section | |
| Division of Corporations | | - | Division of Corporations | |
| Clifton Building | | | P.O. Box 6327 | |
| 2661 Executive Center Circle | | Fallal | nassee, Florida 32314 | |

CR2E141 (2/14)

Tallahassee, Florida 32301

TO:

STATEMENT OF TERMINATION

| Pursuant to section 605,0709(7), Florida Sta FIRST: The name of the limited liability of | tutes. I hereby submit the following Statement of Termination: Freightship LLC ompany is: |
|--|---|
| | |
| SECOND: The Florida Document number | of the limited liability company is: L12000128654 |
| THIRD: The date of tiling of the initial arti | eles of organization is: 10/09/2012 |
| FOURTH: The date of filing of the dissolu | tion is: 05/28/2019 |
| FIFTH: This limited liability company has that it will file a statement of termination. | completed winding up its activities and affairs and has determined |
| PMutu.M. | Rafael Martorell |
| Signature of Authorized Representative | Typed or printed name of signature |
| Certi | Filing Fee: \$25.00 fied Copy: \$30.00 (optional) |
| CR2E141 (2/14) | THE SEP 30 |