L 13 000015737

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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2019 APR -1 PH 6: 12

S. PRATHET

COVER LETTER

TO:	Registration Section Division of Corporations	•	•		
SHRI	ECT. BALANCED RELATIONSHI	P BAROMETE	R, LLC		
ЭОВО	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Statement of Termination and	fee(s) are submit	ted for filing.		
Please	return all correspondence concerning	this matter to the	e following:		
Perry	F. Sofferman, Esq.				
_	Name of Person				
Fowl	er White Burnett, P.A.				
	Firm/Company				
100 9	Southeast 3rd Avenue, 21st Floor				
	Address				
Fort I	Lauderdale, Florida 33394				
	City/State and Zip Code				
E-ma	ail address: (to be used for future annu-	al report notifica	tion)		
For fu	orther information concerning this matt	ter, please call:			
Perry	/ F. Sofferman, Esq.	954 at ()	377-8144		
	Name of Person	. Area Code	Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MATE II	NC ADDRESS.		
	Registration Section	ESS: MAILING ADDRESS: Registration Section			
	Division of Corporations	Division	of Corporations		
	Clifton Building	P.O. Bo.			
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahas	ssee, Florida 32314		

CR2E141 (2/14)

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: BALANCED RELATIONSHIP BAROMETER, LLC							
FIRST: The name of the limited liability co	ompany is:						
SECOND: The Florida Document number	of the limited liability company is: L130000)15737		_			
THIRD: The date of filing of the initial arti	cles of organization is:						
FOURTH: The date of filing of the dissolu	tion is: December 21, 2018		<u></u> .				
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and affai	rs and ha	s deter	mined			
Signature of Authorized Representative	Perry F. Sofferman, Esq.	TALLAHASSEE, FL	2019 APR - J	T			
Signature of Authorized Representative	Typed or printed name of signature	SEE, FL	PM 6: 12				
	Filing Fee: \$25.00	. ' .					
Cert	ified Copy: \$30.00 (optional)						

CR2E141 (2/14)

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