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| (Re | questor's Name) | |
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| (Ad | idress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | :#) |
| PICK-UP | MAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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APR 03 2019 S. YOUNG

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---------------------------------|
| SUBJECT: QUANTUM BAROMETER, LLC | |
| | ed Liability Company |
| Dear Sir or Madam: | |
| The enclosed Statement of Termination and fee(s) are | e submitted for filing. |
| Please return all correspondence concerning this matt | ter to the following: |
| Perry F. Sofferman, Esq. | |
| Name of Person | |
| Fowler White Burnett, P.A. | |
| Firm/Company | |
| 100 Southeast 3rd Avenue, 21st Floor | |
| Address | |
| Fort Lauderdale, Florida 33394 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual report | notification) |
| For further information concerning this matter, please | e call: |
| Perry F. Sofferman, Esq. 954 | 377-8144 |
| Name of Person Are | a Code Daytime Telephone Number |
| | |

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E141 (2/14)

MAILING ADDRESS:

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

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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: QUANTUM BAROMETER, LLC | | | | |
|--|---|--|--|--|
| FIRST: The name of the limited liability co | ompany is: | | | |
| SECOND: The Florida Document number | of the limited liability company is: L1300001 | 5742 | | |
| THIRD: The date of filing of the initial arti | cles of organization is:30, 2013 | | | |
| FOURTH: The date of filing of the dissolu | tion is: February 28, 2019 | <u></u> - | | |
| FIFTH: This limited liability company has that it will file a statement of termination. | completed winding up its activities and affairs | and has determined | | |
| In 4. Num | Perry F. Sofferman, Esq. | ·· , | | |
| Signature of Authorized Representative | Typed or printed name of signature | FILI 19 APR -1 SECON IN ALLAHASSE | | |
| CR2E141 (2/14) | Filing Fee: \$25.00 ified Copy: \$30.00 (optional) | FILED APR - I M IO: 26 AHASSLE, FLORIDA | | |