

L13000021346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

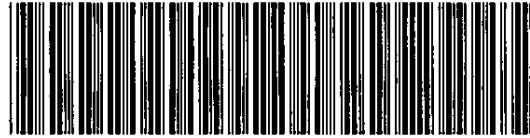
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000259103570

04/17/14--01009--015 **25.00

2013 APR 17 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 15 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLIVIA LEWIS FINANCIAL, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLIVIA LEWIS
Name of Person

OLIVIA LEWIS FINANCIAL, LLC
Firm/Company

5533 N. LEWIS RD.
Address

WEST PALM BEACH, FL. 33415
City/State and Zip Code

olivia fuller 1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLIVIA LEWIS at (561) 313-6129
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2014

OLIVIA LEWIS
5533 N LEWIS RD
W PALM BEACH, FL 33415

SUBJECT: OLIVIA LEWIS FINANCIAL, LLC
Ref. Number: L13000021346

We have received your document for OLIVIA LEWIS FINANCIAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 614A00008603

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: OLIVIA LEWIS FINANCIAL, LLC

SECOND: The Florida Document number of the limited liability company is: L13000021346

THIRD: The date of filing of the initial articles of organization is: FEB. 8, 2013

FOURTH: The date of filing of the dissolution is: 4/14/2014

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Olivia Lewis
Signature of Authorized Representative

OLIVIA LEWIS
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)