

L13000034462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

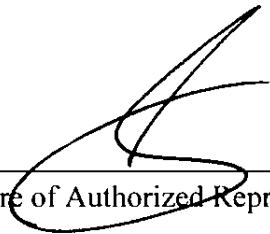
FIRST: The name of the limited liability company is: Paradox Partners, LLC

SECOND: The Florida Document number of the limited liability company is: L13000034462

THIRD: The date of filing of the initial articles of organization is: March 6, 2013

FOURTH: The date of filing of the dissolution is: August 11, 2015

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



Signature of Authorized Representative

David A. Randall, Managing Member

Typed or printed name of signature

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