L13000051217

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COVER LETTER

TO:	Registration Section Division of Corporations			•
SUBJ	IECT: BTO5 Ren	tals, LL	c	bility Company
		Name of I	imited Lial	bility Company
Dear	Sir or Madam:			
The e	nclosed Statement of Termination	on and fee((s) are subm	nitted for filing.
Please	e return all correspondence cond	erning this	s matter to t	he following:
	Craig Dean	len		
	Name of Person			-
	BTD5 Renta	ls, uc.		
	Firm/Company			-
	BTD5 Renta Firm/Company 10857 St	mington	Ave	
	Address	_		-
	City/State and Zip Coo	, FL	33913	
	City/State and Zip Coo	se .		=
	cdearden @ a	omcast.	net	
E-m	ail address: (to be used for futur	e annual re	eport notific	cation)
For fu	urther information concerning th	is matter, j	please call:	
	Craig Dearden	at	(239	218 5078
	Name of Person			Daytime Telephone Number
	Mailing Address:			Street Address:
	Registration Section			Registration Section
	Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E141 (2/14)

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Stat			=	ent of Ten	mination:
FIRST: The name of the limited liability co.	mpany is:	BTO5 Ren	tals, LLC.		
SECOND: The Florida Document number of	of the limited lie	hility compo	mu iga Li	13000051217	
SECOND. The Florida Document number of	or the minicu ha	omity compa	illy is		<u> </u>
THIRD: The date of filing of the initial artic	cles of organizat	ion is:	04/08/2013		
FOURTH: The date of filing of the dissolut	tion is: file	1 2/4/22	. effoctiv	e date 3,	<i> 30/2</i> 2
FIFTH: This limited liability company has enterthant that it will file a statement of termination.	completed wind	ing up its ac	tivities and aff	airs and ha	as determined
Canalland	era	ig dearden	, manager		
Signature of Authorized Representative	Typed or pr	inted name	of signature		
Certi	Filing Fee: \$2 fied Copy: \$30.0		ı	23.8 2707	3
CR2E141 (2/14)				APK -	ا تعاد
				ATTOSTATE	