

L13000060383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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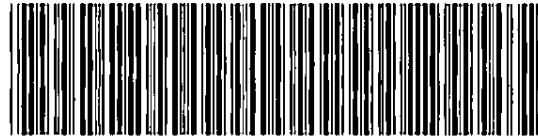
(Business Entity Name)

(Document Number)

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 02/09/2021

Acc#120160000072

en: c DW

Name:	POP C V, LLC
Document #:	
Order #:	13500861

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ 25.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POP C V, 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:

Kathy Land

Name of Person

Wells Fargo

Firm/Company

401 S. Tryon Street, Suite 2880

Address

Charlotte, North Carolina 28202

City/State and Zip Code

kathy.land@wellsfargo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Land at (704) 374-6124
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: POP C V, LLC

SECOND: The Florida Document number of the limited liability company is: 1,13000060383

THIRD: The date of filing of the initial articles of organization is: April 25, 2013

FOURTH: The date of filing of the dissolution is: February 2, 2021

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

Edward E. Crutchfield Edward E. Crutchfield
Signature of Authorized Representative Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

7/21/2021 - 9 AM 8:49
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SECRETARY
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