

L130000

108295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

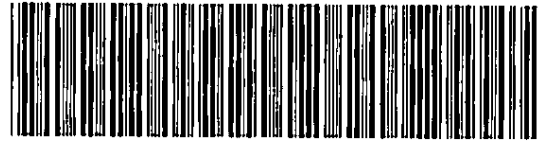
(Business Entity Name)

(Document Number)

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2019 APR -1 PM 6:14
CLARK COUNTY, FL

PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOUBLE ANGEL DEVELOPMENT, 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:

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 call:

Perry F. Sofferman, Esq.

Name of Person

at (954) 377-8144

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

STATEMENT OF TERMINATION

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

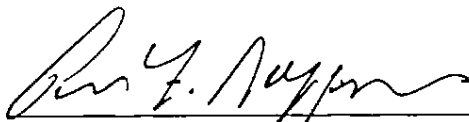
FIRST: The name of the limited liability company is: DOUBLE ANGEL DEVELOPMENT, LLC

SECOND: The Florida Document number of the limited liability company is: L130000108295

THIRD: The date of filing of the initial articles of organization is: JULY 31, 2013

FOURTH: The date of filing of the dissolution is: February 28, 2019

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

Perry F. Sofferman, Esq.

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FL