## U300121979

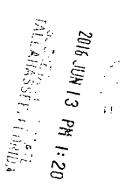
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Stephanie Gabriella, LC  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:			
Stephanie Nunez Name of Person			
Stephane Gabrella LLC Firm/Company			
21399 Marina Cove Circle M13 Address			
Aventura, FL 33180 City/State and Zip Code			
Stephanegabriella Cive, Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Stephanie Munoz at (863) 605-1104  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

CR2E141 (2/14)

## 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: Stephanie Gabriella, UC
SECOND: The Florida Document number of the limited liability company is: <u>L13000121979</u>
<b>THIRD</b> : The date of filing of the initial articles of organization is: $\frac{8/23/3}{}$
<b>FOURTH:</b> The date of filing of the dissolution is: $6/10/16$
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  Stephanie None  Typed or printed name of signature

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

CR2E141 (2/14)