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SECONDIANT OF SIAIS.

1,35,19

COVER LETTER

CT:	Delary Beach Apartments, L	1.0
		LO
	Name	of Limited Liability Company
ir or N	adam:	
closed	Statement of Termination and	ee(s) are submitted for filing.
return	all correspondence concerning	this matter to the following:
E. Ke	ith, Court Appointed Receive	r
	Name of Person	
gher E	Evelius & Jones, LLP	
_	Firm/Company	
. Cha	rles Street, Suite 400	
	Address	
ore, I	Maryland 21201	
_ · -	City/State and Zip Code	
man@	gejlaw.com	
il addı	ress: (to be used for future annua	d report notification)
ther in	nformation concerning this matt	er, please call:
otte H	offman, Paralegal	410 347-1654
ì	Name of Person	Area Code Daytime Telephone Number
Regis Divis Clifto	stration Section tion of Corporations on Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
1	closed return E. Ke gher E Cha ore, I addither in otte H STR Regis Clifte	Firm/Company Charles Street, Suite 400 Address ore, Maryland 21201

CR2E141 (2/14)

Tallahassee, Florida 32301

STATEMENT OF TERMINATION

	tutes, I hereby submit the following Statement ompany is: Delray Beach Apartments, LLC	of Terminati	on:
FIRST: The name of the filmled flabinty co	Simpany is.		
SECOND: The Florida Document number	of the limited liability company is: L1300014	5387	
THIRD: The date of filing of the initial arti	icles of organization is: 04/24/2014	-	
FOURTH: The date of filing of the dissolu	ntion is: 01/23/2019	<u> </u>	
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and affairs	and has dete	rmined
Signature of Authorized Representative	Peter E. Keith, Court Appointed Receive Typed or printed name of signature	:r -	
	Filing Fee: \$25.00 ified Copy: \$30.00 (optional)	SECRETANT OF LA FALLAHASSEE FLOR	FILED