## 1400000878

| (Re                                     | questor's Name)     |          |
|---|---------------------|----------|
| (Ad                                     | dress)              |          |
| (Ad                                     | dress)              |          |
| (Cit                                    | y/State/Zip/Phone # | 9        |
| PICK-UP                                 | WAIT                | MAIL     |
| (Bu                                     | siness Entity Name  | )        |
| (Do                                     | ocument Number)     |          |
| Certified Copies                        | _ Certificates o    | f Status |
| Special Instructions to Filing Officer: |                     |          |
|   |                     |          |
|   |                     |          |
|   |                     |          |
|   |                     |          |

Office Use Only



300319203973

10/16/18--01005--010 \*\*25.00

2011 OCT | 5 PH 3: 84

2010 OCT 15 BB 9:44

## 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: LEONE USA LLC   |
|  |
| SECOND: The Florida Document number of the limited liability company is: L14000000878  |
| THIRD: The date of filing of the initial articles of organization is: 01/03/2014   |
| FOURTH: The date of filing of the dissolution is:  |
| FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination. |
|  |
| Two Ob Mckle. Hichale Tucillo  Signature of Authorized Representative Typed or printed name of signature   |

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

CR2E141 (2/14)