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(Re	equestor's Name)					
. (Ad	ldress)					
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(Cit	ty/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	e)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					





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COVER LETTER

	egistration Section ivision of Corporations				
	THAVVAD DEAL ESTATE				
SUBJEC	1:				
	Name	of Limited Liabi	lity Company		
Dear Sir o	or Madam:				
The enclo	osed Statement of Termination and	fee(s) are submit	tted for filing.		
Please ret	turn all correspondence concerning	this matter to the	e following:		
Douglas	W. Butler				
	Name of Person				
Moore, I	ngram, Johnson and Steele				
	Firm/Company				
326 Ros	well Street				
	Address				
Marietta	, GA 30060				
	City/State and Zip Code				
dwbutler	@mijs.com				
E-mail a	ddress: (to be used for future annua	al report notifica	tion)		
For furthe	er information concerning this matt	er, please call:			
Douglas	W. Butler	_ at ()	784-2851		
	Name of Person	Area Code	Daytime Telephone Number		
	TREET/COURIER ADDRESS:		NG ADDRESS:		
	egistration Section	_	Registration Section		

P.O. Box 6327

Tallahassee, Florida 32314

CR2E141 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

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: THAKKAR REAL ESTATE, LLC						
SECOND: The Florida Document number of	of the limited liability company is: L14	100000	7397			
THIRD: The date of filing of the initial artic	cles of organization is:	014				
FOURTH: The date of filing of the dissolut	tion is: <u>APVII A.D./ (</u>			······································		
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and	l affairs	s and h	as determined		
ful Thu	Kunal Thakkar, Manager/Membe	•				
Signature of Authorized Representative	Typed or printed name of signatur	e	-			
Certis CR2E141 (2/14)	Filing Fee: \$25.00 fied Copy: \$30.00 (optional)	LEGRETAR)	2016 APR 29			
		OF STA	0 =	ED		