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APR 29 2014 N. CAUSSEAUX **COVER LETTER**

TO:	Registration Section	
	Division of Corporations	

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:

Firm/Company City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (95) 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 (12/13)

STATEMENT OF TERMINATION

Termination: FIRST: The name of the limited liability com	TI N. V.	
SECOND: The date of filing of the initial articles	of organization is: 2// ////	·
THIRD: The date of filing of the dissolution is	is: 	
FOURTH: This limited liability company has has determined that it will file a statement of the Signature of Authorized Representative		Affairs and 14 APR 28 AH 10: 30 SECRETARY OF STATE TALLAHASSEE, FLORID.
orginature of Authorized Representative	ryped or printed name of signature	D FF 0

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

CR2E141 (12/13)

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:
Termination: FIRST: The name of the limited liability company is: The New York L14-258600
SECOND: The date of filing of the initial articles of organization is: 2/////
THIRD: The date of filing of the dissolution is:
FOURTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Signature of Authorized Representative