

L14000046307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JUL 11 2017

Y. C. L. KER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I HATE CAMP LAUNDRY, LLC
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:

ADAM COHEN

Name of Person

PCA

Firm/Company

1002 JUSTISON STREET

Address

WILMINGTON, DE 19801

City/State and Zip Code

ACOHEN@PHILLIPS-COHEN.COM

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

For further information concerning this matter, please call:

ADAM COHEN

Name of Person

at (800) 558-9533

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

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

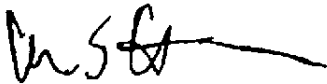
FIRST: The name of the limited liability company is: I HATE CAMP LAUNDRY, LLC

SECOND: The Florida Document number of the limited liability company is: L14000046307

THIRD: The date of filing of the initial articles of organization is: 03/20/2014

FOURTH: The date of filing of the dissolution is: 06/29/2017

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

ADAM S. COHEN

Typed or printed name of signature

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ALLIANCE FLORIDA

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Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)