

L140000094752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

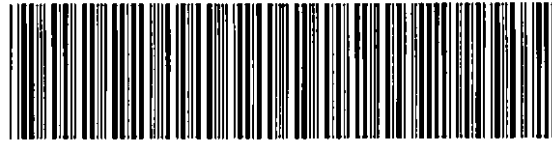
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400396760404

RECEIVED
2022 NOV - 1 PM 3:05
TALLAHASSEE, FL

FILED
2022 NOV - 1 AM 10:22
TALLAHASSEE, FL

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 11/01/2022

Acc#I20160000072

en: c DW

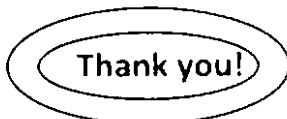
Name:	USODP CROSSTOWN, LLC
Document #:	
Order #:	14615471

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00



FILED

2022 NOV -1 AM 10: 22

SECRETARY OF STATE
TALLAHASSEE, FL

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: USODP CROSSTOWN, LLC

SECOND:

The date of filing of the initial articles of organization is: June 12, 2014

THIRD: The date of filing of the dissolution is:

11/01/2022

FOURTH: 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

Michael Boyd, Authorized Agent

Typed or printed name of signature

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