

L14000137093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

K. SALY

JAN - 4 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHODO, 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:

Ernie Hartlieb

Name of Person

SHODO, LLC

Firm/Company

530 13th Street NW

Address

Naples Florida 34120

City/State and Zip Code

catheh09@gmail.com

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

For further information concerning this matter, please call:

Cathe Harvey

Name of Person

at (239) 313-9669

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:

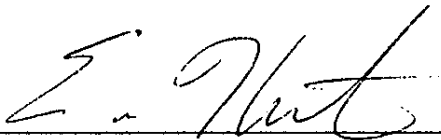
FIRST: The name of the limited liability company is: SHODO, LLC

SECOND: The Florida Document number of the limited liability company is: L14000137093

THIRD: The date of filing of the initial articles of organization is: 8-26-14

FOURTH: The date of filing of the dissolution is: ~~12-20-16~~ 1-3-2017

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

Ernie Hartlieb

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA