

L15000033870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

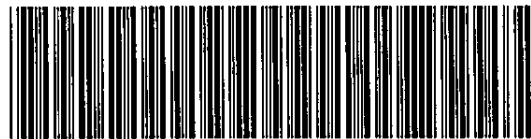
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC -6 2016

COVER LETTER

TO: Registration Section
Division of Corporations
Statement of Termination

SUBJECT: _____
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:

Melvin Horn

Name of Person

Rebounderz Franchise & Development

Firm/Company

605 Hickman circle

Address

Sanford FL 32771

City/State and Zip Code

mel@rebounderz.com

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

For further information concerning this matter, please call:

Melvin Horn

Name of Person

407 - 221-6025 cell
at (321) 222 1300 ex 101
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:

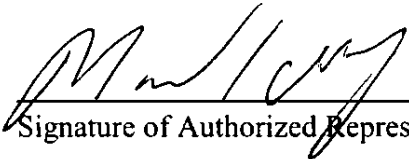
FIRST: The name of the limited liability company is: Rebounder 2 Charlotte NC LLC

SECOND: The Florida Document number of the limited liability company is: L15000033870

THIRD: The date of filing of the initial articles of organization is: 02/23/2015

FOURTH: The date of filing of the dissolution is: ~~10/1/2016~~ 12/5/2016

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

Mark Gurley

Typed or printed name of signature

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2016 DEC -5 PM 5:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional) ✓