

L15000087142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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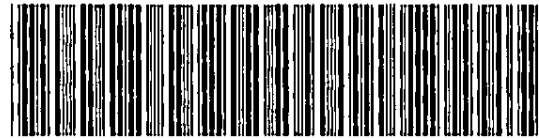
(Business Entity Name)

(Document Number)

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D. SCOTT

JAN 17 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Statement of Termination

\_\_\_\_\_  
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:

Peter W. Klein

\_\_\_\_\_  
Name of Person

Peter W. Klein, P.A.

\_\_\_\_\_  
Firm/Company

225 NE MIZNER BOULEVARD, SUITE 700

\_\_\_\_\_  
Address

BOCA RATON, FL 33432

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Peter W. Klein

\_\_\_\_\_  
Name of Person

at ( 561 ) 232-2058

\_\_\_\_\_  
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

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### 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: CYNMAR, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000087142

**THIRD:** The date of filing of the initial articles of organization is: 5/18/2015

**FOURTH:** The date of filing of the dissolution is: 12/1/2017

**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

PETER W. KLEIN

Typed or printed name of signature

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