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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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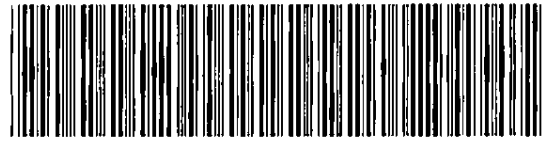
(Business Entity Name)

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Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 11/01/2024

Name: Cheyanne Davis

Reference #: 2538916

Entity Name: 250 STORY PARTIN ROAD, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☒ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other PLEASE INCLUDE CERTIFIED COPY UPON FILING

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TALLAHASSEE, FL

Authorized Amount: \$55.00

Signature: *Cheyenne Davis*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 250 Story Partin Road, 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:

Elizabeth Campbell, Paralegal

Name of Person

Robinson Bradshaw & Hinson, P.A.

Firm/Company

101 N. Tryon St., Suite 1900

Address

Charlotte, NC 28246

City/State and Zip Code

ecampbell@robinsonbradshaw.com

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

For further information concerning this matter, please call:

Elizabeth Campbell

Name of Person

at (704) 377-8170

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

CR2E141 (12/13)

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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: 250 Story Partin Road, LLC

SECOND:

The date of filing of the initial articles of organization is: 05/19/2015

THIRD: The date of filing of the dissolution is:
06/20/2023

FOURTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Signed by:

Jane Powers Huggins

DE6D221359E340E

Jane Powers Huggins

Signature of Authorized Representative

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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