

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL
NAP LR5 LLC

***STATEMENT OF
TERMINATION

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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T. LEMIEUX
FEB 10 2022

H22000052496

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAP LR5 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:

Gwendolyn C. Sutton, Paralegal

Name of Person

Frost Brown Todd LLC

Firm/Company

150 Third Avenue S, Suite 1900

Address

Nashville, TN 37201

City/State and Zip Code

gsutton@fbtlaw.com

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

For further information concerning this matter, please call:

Gwendolyn C. Sutton

at (615) 743-6757

Name of Person

Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H22000052496

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

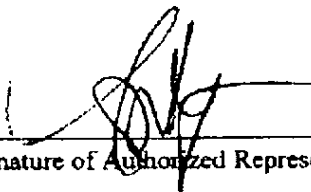
FIRST: The name of the limited liability company is: NAP LR5 LLC

SECOND: The Florida Document number of the limited liability company is: L15000104722

THIRD: The date of filing of the initial articles of organization is: June 17, 2015

FOURTH: The date of filing of the dissolution is: February 7, 2022

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

Kevin P. Riley, Authorized Person

Typed or printed name of signature

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

22 FEB -9 AM 9:27
LEP