

U5000113332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

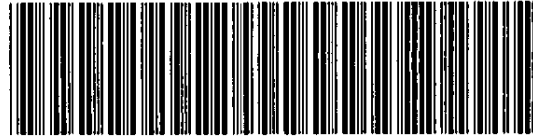
(Business Entity Name)

(Document Number)

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SEP 23 2016  
S. YOUNG

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FALLAHASSI, FLORIDA  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Panama City Gliders 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:

Ku Belly  
Name of Person

Firm/Company

1531 Thursd Rd

Address

Panama City Lynn Haven FL 32444

City/State and Zip Code

panamacityseaway@gmail.com

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

For further information concerning this matter, please call:

Ku Belly at (850) 319-4721  
Name of Person 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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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
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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: Panama City Gliders

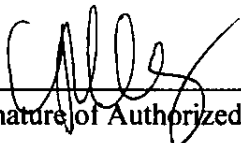
**SECOND:** The Florida Document number of the limited liability company is: L15000113332

**THIRD:** The date of filing of the initial articles of organization is: 6/30/2015

**FOURTH:** The date of filing of the dissolution is: 8/25/2016

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

16 SEP 23 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Signature of Authorized Representative

Kubelly  
Typed or printed name of signature

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