

L 15 000/26243

Florida Department of State  
Division of Corporations  
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Account Number : I20170000097  
Phone : (727)279-5037  
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NATURAL EXPRESS LLC

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2018 DEC 19 PM 4:53

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Natural Express 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:

Kalpesh J. Patel

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

FL Patel Law PLLC

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

360 Central Avenue #800

\_\_\_\_\_  
Address

Saint Petersburg, Florida 33701

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

kalpesh@fpatellaw.com

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

For further information concerning this matter, please call:

kalpesh@fpatellaw.com

at ( 727 ) 279-5037

\_\_\_\_\_  
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

CR2E141 (2/14)

18 DEC 18 AM 8:55  
U.S. DEPT. OF STATE  
TALLAHASSEE, FLORIDA  
EU

# 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: Natural Express LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000126243

**THIRD:** The date of filing of the initial articles of organization is: July 23, 2015

**FOURTH:** The date of filing of the dissolution is: September 28, 2018

**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

Samuel Stout Jr.

Typed or printed name of signature

18 DEC 18 AM 8:55  
ALLAHASSEE, FLORIDA  
J. E. L.

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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