

L15000148279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

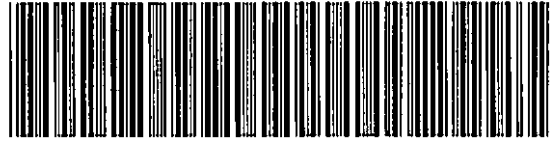
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200377649562

Statement of
Termination

12/13/21--01024--021 **25.00

FILED
2021 DEC 13 AM 11:00
SEC. OF STATE
CIVIL DIVISION

A. RAMSEY

JAN 04 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intelishift Technology Government, 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:

Bethany Amos

Name of Person

Intelishift Technology Government, LLC

Firm/Company

10500 Little Patuxent Parkway Suite 303

Address

Columbia, MD 21044

City/State and Zip Code

bamos@datacanopy.com

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

For further information concerning this matter, please call:

Bethany Amos at (443) 574-6677
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

STATEMENT OF TERMINATION

FILED

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: Intelishift Technology Government, LLC
2021 DEC 13 AM 11:00
STATE OF FLORIDA
TALLAHASSEE FL 32301

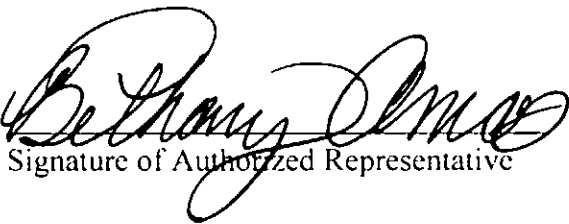
SECOND: The Florida Document number of the limited liability company is: L15000148279

THIRD: The date of filing of the initial articles of organization is: August 28, 2015

FOURTH: The date of filing of the dissolution is: July 20, 2021

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

William J. Bethune _____ Appointed By and Acting Under the Authority Of The Sole Member of the Company


Signature of Authorized Representative

Bethany Amos
Typed or printed name of signature

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