

L16 006003423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

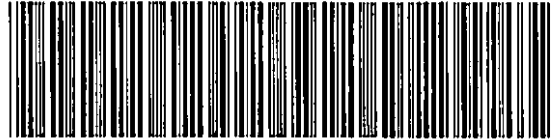
(Business Entity Name)

(Document Number)

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20 MAY -11 AM 9:45

MAY 10 2020  
C. MCNAB

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EUROPEAN ECOMMERCE SOLUTIONS LLC  
Name of Limited Liability Company

20 MAY - 6 MAY 9:46

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:

Glen Ford

Name of Person

Firm/Company

164 NE 105th St

Address

Miami Shores, FL 33138

City/State and Zip Code

glen.ford@globaleparcel.com

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

For further information concerning this matter, please call:

Glen Ford

at ( 954 ) 849-4287

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

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

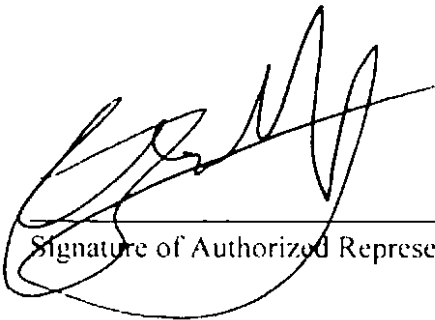
**FIRST:** The name of the limited liability company is: EUROPEAN ECOMMERCE SOLUTIONS LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000003423

**THIRD:** The date of filing of the initial articles of organization is: January 5, 2016

**FOURTH:** The date of filing of the dissolution is: May 1, 2020

**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

Glen Ford

\_\_\_\_\_  
Typed or printed name of signature

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