

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FYN LABS, 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:

MATTHEW FISCHER

Name of Person

FLORIDA HEALTHCARE LAW FIRM

Firm/Company

909 SE 5TH AVENUE, SUITE 200

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

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

For further information concerning this matter, please call:

MATTHEW FISCHER

Name of Person

at (561) 455-7700

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

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: FYN LABS, LLC

SECOND: The Florida Document number of the limited liability company is: L16000029299

THIRD: The date of filing of the initial articles of organization is: 02/11/16

FOURTH: The date of filing of the dissolution is: 08/27/18

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

Eric Spofford
Typed or printed name of signature

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

FILED
19 JAN -9 PM 6:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA