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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BELLEAIR BLUFFS, LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Belleair Bluffs, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Morris A. LeCompte

Name of Person

Morris A. LeCompte, P.A.

Firm/Company

5245 Central Ave.

Address

St. Petersburg, FL 33710

City/State and Zip Code

MLEcompte@MALPA.net

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

For further information concerning this matter, please call:

Morris A. LeCompte

at (

727

) 896-1000

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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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: Belleair Bluffs, LLC

SECOND: The Florida Document number of the limited liability company is: L16000035643

THIRD: The date of filing of the initial articles of organization is: 2/19/2016

FOURTH: The date of filing of the dissolution is: 4/5/2017

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

Joseph C. White, Manager
Typed or printed name of signature

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

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