## 117000104550

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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R. WHITE
JAN 09 2020

## **COVER LETTER**

<b>FO:</b> Registration Section Division of Corporation	s		
47ab Norma LLC			
SUBJECT: 47th NVest. ELC	Name of Limited Liab	lity Company	
Dear Sir or Madam:			
The enclosed Statement of Tern	nination and fee(s) are submi	tted for filing.	
Please return all correspondence	e concerning this matter to th	e following:	
David C Helm			
Name of I	Person		
Summit Crest Capital, LLC			
Firm/Con	ıpany		
13379 McGregor Blvd., Suite 2			
Address			
Fort Myers, FL 33919			
City/State and Z	ip Code		
dave@summitcrest.co			
E-mail address: (to be used for	r future annual report notifica	tion)	
For further information concern	ing this matter, please call:		
David Helm	at ()	206-1249	
Name of Person		Daytime Telephone Number	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporation P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Taltahassee, FL 32314		2415 N. Monroe Street, Suite 81	

Tallahassee, FL 32303

CR2E141 (2/14)

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida St	atutes, I hereby submit the following Statement	of Termination:
FIRST: The name of the limited liability of	company is: 47th Nvest, LLC	
SECOND: The Florida Document numbe	r of the limited liability company is:	50
THIRD: The date of filing of the initial ar	ticles of organization is: 5/10/17	
FOURTH: The date of filing of the dissol	ution is: 11/22/19	·
<b>FIFTH:</b> This limited liability company ha that it will file a statement of termination.	s completed winding up its activities and affairs	and has determined
		72 72
DonCtol	David C Helm II	30 Fi
Signature of Authorized Representative	Typed or printed name of signature	PH 1: 18
	Filing Fee: \$25.00	

Certified Copy: \$30.00 (optional)

CR2E141 (2/14)