

L17000211929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

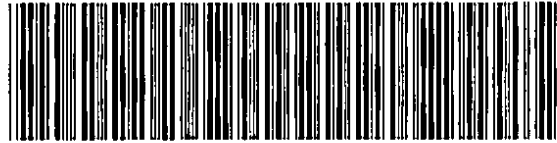
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

DEC 15 2020

Kinsey

STATEMENT OF TERMINATION

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

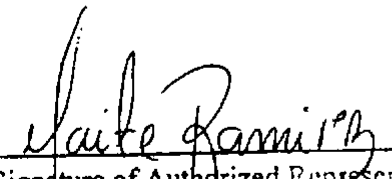
FIRST: The name of the limited liability company is: DIKO ACTIVEWEAR LLC

SECOND: The Florida Document number of the limited liability company is: L17000211929

THIRD: The date of filing of the initial articles of organization is: OCTOBER 13, 2017

FOURTH: The date of filing of the dissolution is: November 8 2019

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

MAITE RAMIREZ
Typed or printed name of signature

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

SEC. OF STATE
TALLAHASSEE, FL

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