

L18000062574

(Requestor's Name)

(Address)

(Address)

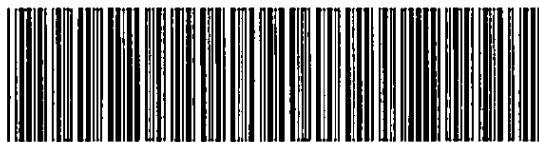
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Guardian Advocate Services of North Florida
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:

Kathi L. Kilpatrick

Name of Person

Firm/Company

Address

2219 Kilpatrick Lane, Sneads, Florida

City/State and Zip Code

kathileekilpatrick@yahoo.com

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

For further information concerning this matter, please call:

Kathi L. Kilpatrick at (850) 5971082
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: Guardian Advocate Services of North Florida, LLC

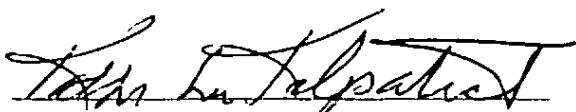
SECOND: The Florida Document number of the limited liability company is: I.18000062574

THIRD: The date of filing of the initial articles of organization is: March 09, 2018

FOURTH: The date of filing of the dissolution is: May 17, 2022

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

The company has ceased doing business.



Signature of Authorized Representative

Kathi Kilpatrick

Typed or printed name of signature

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

CR2E141 (2/14)

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