

218 000098085

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SARA VEN REMODELING 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:

Julie Kell
Name of Person

Firm/Company
5855 Midnight Pass Rd Apt 510
Address

Sarasota FL 34242
City/State and Zip Code

juliekell1626@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Kell at (330) 309-7022
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: Sara Ven Remodeling, LLC

SECOND: The Florida Document number of the limited liability company is: L18000098085

THIRD: The date of filing of the initial articles of organization is: April 18, 2018

FOURTH: The date of filing of the dissolution is: December 31, 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.

Julie Kell
Signature of Authorized Representative

Julie A. Kell
Typed or printed name of signature

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

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