L18000193636

(Requestor's Name)	<u> </u>
(Address)	
(Address)	
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(Document Number)	
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JUL 28 2022 M. SOLOMOH

COVER LETTER

imited Liability Company
s) are submitted for filing.
matter to the following:
port notification)
please call:
(561 251-0455
Area Code Daytime Telephone Number
Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E141 (2/14)

Tallahassee, FL 32314

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida St	atutes, I hereby submit the following Statement	t of Termination:
FIRST: The name of the limited liability of	company is:	
SECOND: The Florida Document number	of the limited liability company is: L1800019363	36
THIRD: The date of filing of the initial art	icles of organization is: August 13, 2018	
FOURTH: The date of filing of the dissolu	February 15, 2022 Ition is:	 .
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and affairs	and has determined
Signature of Authorized Representative	Jared Stark Typed or printed name of signature	
Сег	Filing Fee: \$25.00 tified Copy: \$30.00 (optional)	1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3