

L18000219116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100330888641

08/13/20 01023- P00 *421.00

2011 01 11 11:45

STATE
NOTARY
STATIONS

Statement
of
Termination

AUG 15 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Destin Pilates & Aerial LLC

DOCUMENT NUMBER: L18000219116

Statement of Termination
The enclosed ~~Notice of Limited Liability Company Dissolution~~ and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Fox
(Name of Contact Person)

Destin Pilates & Aerial LLC
(Firm/Company)

212 HARBOR BLVD. UNIT 301
(Address)

Destin, FL 32541
(City/State and Zip Code)

20 JUL 31 AM 11:45

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Christine Fox at (305) 588-3370
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee
☒ \$30 Filing Fee & Certificate of Status
☐ \$55 Filing Fee & Certified Copy (Additional copy is enclosed)
☐ \$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2020

Christine Fox
DESTIN PILATES & AERIAL LLC
212 HARBOR BLVD., UNIT 301
DESTIN, FL 32541

SUBJECT: DESTIN PILATES & AERIAL LLC
Ref. Number: L18000219116

We have received your document for DESTIN PILATES & AERIAL LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you wish to file the Statement of Termination you must submit the filing fee of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 920A00012669

11:38 AM 10/26/2020

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: Destin Pilates & Aerial LLC

SECOND: The Florida Document number of the limited liability company is: L18000219116

September 14, 2018

THIRD: The date of filing of the initial articles of organization is:

FOURTH: The date of filing of the dissolution is: May 31, 2020

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

Christine Fox

Signature of Authorized Representative

Christine Fox

Typed or printed name of signature

20 JUL 31 AM 11:45

FILED
CLERK OF DISTRICT COURT
STATE OF FLORIDA

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)