

118000231829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

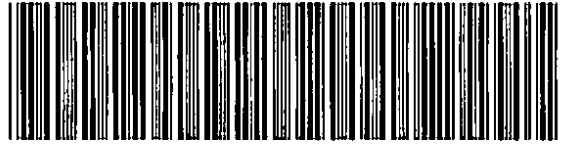
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600350037596

08/11/20--01004--001--000000

RECEIVED

AUG 10 2020

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 AUG 10 AM 11:12

Statement
of
Termination

SEP 2 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Keep It Pristine Services 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:

Kimmie Croyle

Name of Person

Keep It Pristine Services LLC

Firm/Company

986 Torchwood Dr

Address

Deland FL 32724

City/State and Zip Code

kdc623@yahoo.com

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

For further information concerning this matter, please call:

Kimmie Croyle

at (386) 624-6241

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
29 AUG 10 AM 11:12

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: Keep It Pristine Services LLC

SECOND: The Florida Document number of the limited liability company is: LI800231829

THIRD: The date of filing of the initial articles of organization is: 10/01/2018

FOURTH: The date of filing of the dissolution is: 10/01/2019

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

Kimmié Croyle
Signature of Authorized Representative

Kimmié Croyle
Typed or printed name of signature

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS
20 OCT 10 AM 11:12

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)