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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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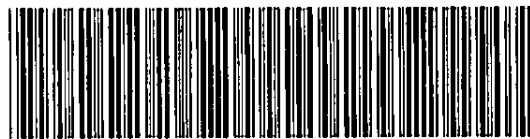
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lenity Boutique 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:

Alexis Parker
Name of Person

Lenity Boutique LLC
Firm/Company

100 Evergreen Drive
Address

Aurora, FL 33473
City/State and Zip Code

Sixeta Parker is General Corp.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Parker at (863) 812-1857
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Levity Boutique LLC

SECOND: The Florida Document number of the limited liability company is: L18000241371

THIRD: The date of filing of the initial articles of organization is: October 12, 2018

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

Alexis Parker
Signature of Authorized Representative

Alexis Parker
Typed or printed name of signature

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

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