

L18000284267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

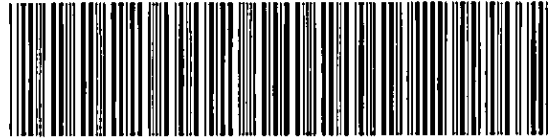
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
DEC 27 2022

Office Use Only



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FILED

2022 DEC 22 AM 9:08

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2022 DEC 22 PM 2:03

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 12/22/2022

Acc#I20160000072

W: C DW

Name:	2907 Scenic Hwy 98, LLC
Document #:	
Order #:	14692735

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

2022 DEC 22 AM 9:08

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

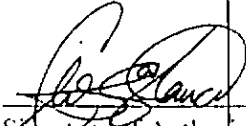
FIRST: The name of the limited liability company is: 2709 Scenic Hwy 98, LLC

SECOND:

The date of filing of the initial articles of organization is: 12/11/2018

THIRD: The date of filing of the dissolution is:

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

 - Nance
Signature of Authorized Representative

Cliff A. Nance

Typed or printed name of signature

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

CR2E141 (12/13)