

L19 0000 28045

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE OF NEW YORK

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**SHERMAN  
SILVERSTEIN**  
ATTORNEYS AT LAW

Jonathan Gremminger, Esq.  
Direct Dial 856.661.2061  
Direct Fax 856.773.5304  
jgremminger@shermansilverstein.com

February 13, 2024

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

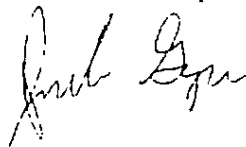
Re: La Costa 1800 LLC

To Whom it May Concern:

Enclosed please find an original and a copy of the Statement of Termination, together with our check in the amount of \$25.00 to cover the filing fee for the same. Please return a filed copy by mail, email or fax.

Should you have any comments or questions, please do not hesitate to contact us.  
Thanking you in advance.

Very truly yours,  
SHERMAN, SILVERSTEIN, KOHL, ROSE & PODOLSKY, P.A.  
A Professional Corporation



JONATHAN GREMMINGER

JG/nmg  
Enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LA COSTA 1800 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:

JONATHAN GREMMINGER, ESQ.

\_\_\_\_\_  
Name of Person

SHERMAN, SILVERSTEIN, KOHL, ROSE & PODOLSKY, P.A.

\_\_\_\_\_  
Firm/Company

308 HARPER DRIVE, SUITE 200

\_\_\_\_\_  
Address

MOORESTOWN, NJ 08057

\_\_\_\_\_  
City/State and Zip Code

JGREMMINGER@SHERMANSILVERSTEIN.COM

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

For further information concerning this matter, please call:

JONATHAN GREMMINGER

at ( 856 ) 661-2061

\_\_\_\_\_  
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

## STATEMENT OF TERMINATION

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

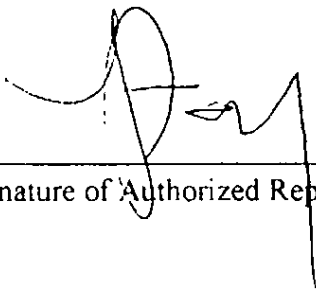
**FIRST:** The name of the limited liability company is: LA COSTA 1800 LLC

**SECOND:** The Florida Document number of the limited liability company is: L19000028045

**THIRD:** The date of filing of the initial articles of organization is: FEBRUARY 1, 2019

**FOURTH:** The date of filing of the dissolution is: FEBRUARY 5, 2024

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



Signature of Authorized Representative

LORRI F. FAY

Typed or printed name of signature

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

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\_\_\_\_\_  
Firm/Company

308 HARPER DRIVE, SUITE 200

\_\_\_\_\_  
Address

MOORESTOWN, NJ 08057

\_\_\_\_\_  
City/State and Zip Code

JGREMMINGER@SHERMANSILVERSTEIN.COM

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

For further information concerning this matter, please call:

JONATHAN GREMMINGER

at ( 856 ) 661-2061

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code Daytime Telephone Number

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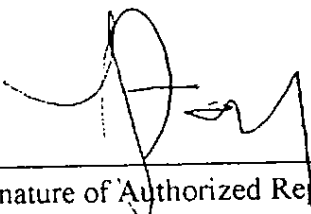
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Signature of Authorized Representative

LORRI F. FAY

\_\_\_\_\_  
Typed or printed name of signature

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