## 419000167797

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Special Instructions to Filing Officer:	



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то:	Registration Section Division of Corporations		And the second s
SUBJ	FCT: UNIVERSAL HEMP GROUP LLC		
.,0,,,,		of Limited Linb	oility Company
Dear S	Sir or Madam:		
The er	nclosed Statement of Termination and	fee(s) are subm	itted for filing.
Please	e return all correspondence concerning	this matter to the	ne following:
PAUL	VERNA LLC		
	Name of Person		
VERN.	A & ASSOCIATES		
	Firm/Company		
105 JE	SSUP ROAD		
	Address		
THOR	OFARE NJ 08086		
	City/State and Zip Code		
PVER	NA@VERNA.COM		·
E-ma	ail address: (to be used for future annual	al report notific	ation)
For fu	orther information concerning this matt	er, please call:	
PAUL	VERNA	856 at (	384-8400
	Name of Person		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 Tallahussee 2415 N. Monroe Street, Suite 810 Tallahussee, FL 32303

CR2E141 (2/14)

## 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:  UNIVERSAL HEMP GROUP LLC
SECOND: The Florida Document number of the limited liability company is: L19000167797
THIRD: The date of filing of the initial articles of organization is:
FOURTH: The date of filing of the dissolution is: 03/31/2021
FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.
James IRAN
Signature of Authorized Representative Typed or printed name of signature Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)

CR2E141 (2/14)