## L19000213521

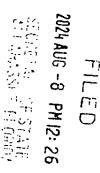
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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	J.\	HORNE HORNE
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08/08/24--01018--004 \*\*50.00



## STATEMENT OF TERMINATION

	utes, I hereby submit the following Statement of Termination:  mpany is:  mpany is:
,	
SECOND: The Florida Document number o	f the limited liability company is:
THIRD: The date of filing of the initial artic	les of organization is:
3	
FOURTH: The date of filing of the dissoluti	on is:
FIFTH: This limited liability company has company that it will file a statement of termination.	completed winding up its activities and affairs and has determined
Signature of Authorized Representative	Jeffry Wisdom, Manager  Typed or printed name of signature

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

CR2E141 (2/14)