

L20 0000003015

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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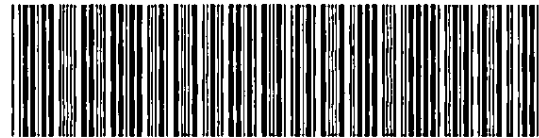
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PAUL LANG TRUCKING 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:

PAUL LANG  
Name of Person

PAUL LANG TRUCKING LLC  
Firm/Company

201 S. STILLMAN ST. #301  
Address

PENSACOLA FL 32505  
City/State and Zip Code

PAULLANGTRUCKING@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL LANG at (626) 200-9036  
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: PAUL LANG TRUCKING LLC

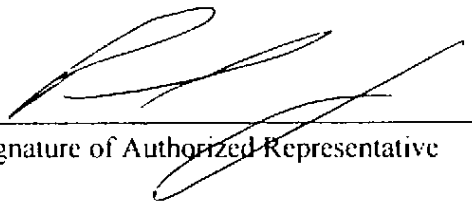
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**SECOND:** The Florida Document number of the limited liability company is: L20000003015

**THIRD:** The date of filing of the initial articles of organization is: DECEMBER 20, 2019

**FOURTH:** The date of filing of the dissolution is: OCTOBER 13, 2020

**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

PAUL LANG  
Typed or printed name of signature

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