

L20 000 198 332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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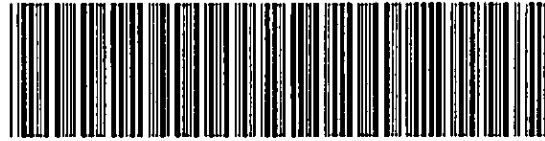
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lodewijk Consulting
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:

eric lodewijk
Name of Person

Lodewijk Consulting
Firm/Company

151 Isle of Venice Drive Apt 2B
Address

Ft. Lauderdale, FL 33301
City/State and Zip Code

eric.lodewijk@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

eric lodewijk at (954) 290-1343
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:

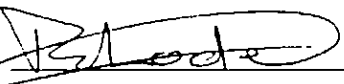
FIRST: The name of the limited liability company is: Lodewijk Consulting

SECOND: The Florida Document number of the limited liability company is: L0000198332

THIRD: The date of filing of the initial articles of organization is: 07/10/2020

FOURTH: The date of filing of the dissolution is: 3/13/2021
~~01/01/2021~~

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


Signature of Authorized Representative

eric lodewijk
Typed or printed name of signature

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

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