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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

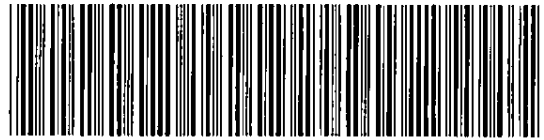
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAPPAS REAL ESTATE GROUP 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:

WILLIAM PAPPAS

Name of Person

PAPPAS REAL ESTATE GROUP LLC

Firm/Company

3508 SE SANDPIPER CIRCLE

Address

PORT SAINT LUCIE, FL 34952

City/State and Zip Code

WPAPPAS392@GMAIL.COM

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

For further information concerning this matter, please call:

WILLIAM PAPPAS

Name of Person

at (561) 995-2236

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:

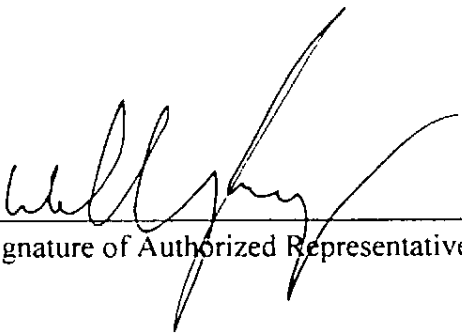
FIRST: The name of the limited liability company is: PAPPAS REAL ESTATE GROUP LLC

SECOND: The Florida Document number of the limited liability company is: 1.21000219804

THIRD: The date of filing of the initial articles of organization is: 5/11/2021

FOURTH: The date of filing of the dissolution is: 9/27/24

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

WILLIAM PAPPAS

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FL