

121 0000352366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

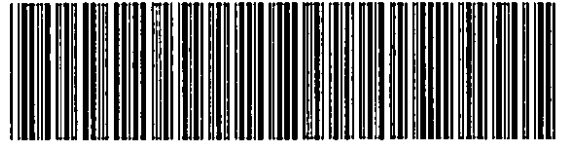
(Business Entity Name)

(Document Number)

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TO: Registration Section  
Division of Corporations

SUBJECT: LOLAGARDENIA, 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:

THOMAS R. BOLF

Name of Person

Thomas R. Bolf, P.A.

Firm/Company

PO Box 15764

Address

Plantation FL 33318

City/State and Zip Code

tbolf@bolflaw.com

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

For further information concerning this matter, please call:

Thomas R. Bolf

Name of Person

at ( 954 )

Area Code

253-3033

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:

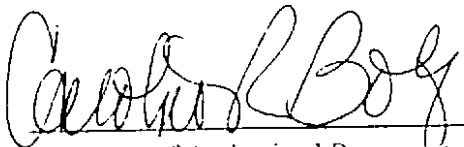
FIRST: The name of the limited liability company is: LOLAGARDENIA, LLC

SECOND: The Florida Document number of the limited liability company is: L21000352366

THIRD: The date of filing of the initial articles of organization is: 8-4-21

FOURTH: The date of filing of the dissolution is: 2-4-22

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

Caroline R. Bolt  
Typed or printed name of signature

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

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