

121000352390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOLA WILEY, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fees(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) 253-3033

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: LOLA WILEY LLC

SECOND: The Florida Document number of the limited liability company is: L 21000352390

THIRD: The date of filing of the initial articles of organization is: 8-5-21

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.

Caroline R. Bolf
Signature of Authorized Representative

Caroline R. Bolf
Typed or printed name of signature

2022 FEB 14 AM 11:16

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