

L21000 413319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

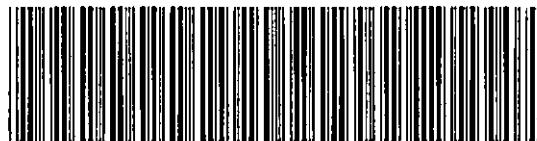
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
La Femme Co. Creative LLC

**SUBJECT:** \_\_\_\_\_  
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:

Katie Lyster

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Name of Person

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Firm/Company

13762 Sea Mist Dr

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Address

Jacksonville, FL, 32224

City/State and Zip Code

lyerlykatie@gmail.com

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

For further information concerning this matter, please call:

Katie Lyerly    904                          6541181  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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:

La Femme Co. Creative LLC

**FIRST:** The name of the limited liability company is: \_\_\_\_\_  
\_\_\_\_\_

**SECOND:** The Florida Document number of the limited liability company is: 1.21000413319

**THIRD:** The date of filing of the initial articles of organization is: 09/17/2021

**FOURTH:** The date of filing of the dissolution is: 01/09/2023

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

Barbara Lyerly  
Signature of Authorized Representative

(Katie)  
Barbara Lyerly  
Typed or printed name of signature

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

FILED  
2023 JAN 19 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FL