

L22000279511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

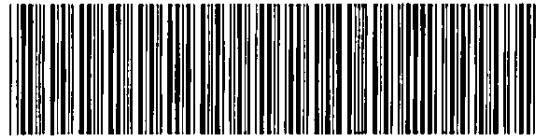
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Term.

6/8/23

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Henkels Naples Rental 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:

SUZANNE G Henkels
Name of Person

15306 Cimarron Hills Lane
Firm/Company
Address

Charlotte NC 28278
City/State and Zip Code

jshenkels@ameritech.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUZANNE Henkels at (216) 577 2815
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:

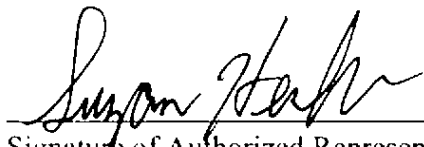
FIRST: The name of the limited liability company is: HenKels Naples Rental LLC

SECOND: The Florida Document number of the limited liability company is: L22000279511

THIRD: The date of filing of the initial articles of organization is: JUNE 20, 2022

FOURTH: The date of filing of the dissolution is: MARCH 26, 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.



Signature of Authorized Representative

SUZANNE HENKELS

Typed or printed name of signature

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA