L22000 498615

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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APR 1 0 2024 D'CUSHING

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|---------------------------|--|----------------------|------------|--|
| ABC Partners, LLC | | | | | |
| SUBJECT: | Name of Limited Liab | oility Company | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Statement of Termination | on and fee(s) are subm | itted for filing. | | | |
| Please return all correspondence conc | erning this matter to the | he following: | | | |
| Gregg D. Thomas | | | | | |
| Name of Person | | - | | | |
| Thomas & LoCicero PL | | | | | |
| Firm/Company | | - | | | |
| 601 South Boulevard | | | | | |
| Address | | - | | | |
| Tampa, Florida 33606 | | | | | |
| City/State and Zip Code | | - | 50 50 | 2024 HAR - | |
| gthomas@tlolawfirm.com | | | | ĦAR | |
| E-mail address: (to be used for future | e annual report notific | ation) | | +- | |
| For further information concerning th | | | 90 0 1919 1949 | AM 10: 40 | |
| Gregg D. Thomas | 813 at (| 9843060 | | : 40 | |
| Name of Person | Area Code | Daytime Telephone | Number | | |
| Mailing Address: | | Street Address: | | | |
| Registration Section | | Registration Section | | | |
| Division of Corporations | | Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahas 2415 N. Monroe Street | | | |
| Tallahassee, FL 32314 | | Tallahassee, FL 32303 | | | |



February 14, 2024

GREGG D THOMAS THOMAS & LOCICERO PL 601 SOUTH BOULEVARD TAMPA, FL 33606

SUBJECT: ABC PARTNERS, LLC Ref. Number: L22000498615

We have received your document for ABC PARTNERS, LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 024A00003241

Diane Cushing Operations Manager A

STATEMENT OF TERMINATION

| Pursuant to section 605.0709(7), Florida Sta | | tement of Termination: |
|--|---|--|
| FIRST: The name of the limited liability c | ompany is: | |
| SECOND: The Florida Document number | of the limited liability company is: | 000498615 |
| THIRD: The date of filing of the initial art | ticles of organization is: November 22, 202 | 2 |
| FOURTH: The date of filing of the dissolu | ution is: November 15, 2023 | <u></u> . |
| FIFTH: This limited liability company has that it will file a statement of termination. | s completed winding up its activities and | affairs and has determined |
| Colorus . Marca - | Caroline Moran | FILED 2024 MAR -4 AM 10: 40 SECRETARY SEPTATO TALLAHASSEE FL |
| Signature of Authorized Representative | Typed or printed name of signatur | 0: 40 0: 40 |

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E141 (2/14)