

L24 000 121 720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

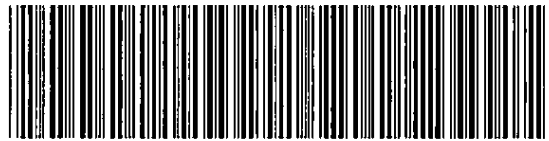
(Business Entity Name)

(Document Number)

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JUL 10 2024
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MACEY RAE, 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:

BRENDA STUMP

Name of Person

Firm/Company

309 STILLWATER COVE

Address

DESTIN, FL 32541

City/State and Zip Code

321STUMP@GMAIL.COM

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

For further information concerning this matter, please call:

BRENDA STUMP at (619) 977-5379

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:

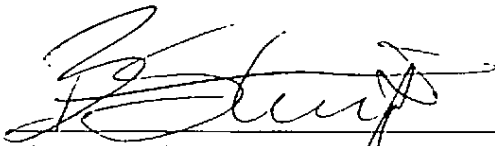
FIRST: The name of the limited liability company is: MACEY RAE, LLC

SECOND: The Florida Document number of the limited liability company is: 1.24000121720

THIRD: The date of filing of the initial articles of organization is: MARCH 14, 2024

FOURTH: The date of filing of the dissolution is: APRIL 9, 2024

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

BRENDA STUMP

Typed or printed name of signature

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