

L99000002304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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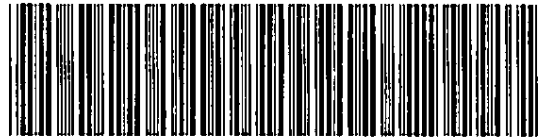
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 10 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miller Palms, L.L.C.
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:

Ella Warren Merrill

Name of Person

Schuylkill Partners, L.P.

Firm/Company

100 Front Street, Suite 950

Address

West Conshohocken, PA 19428

City/State and Zip Code

winkymerrill@gmail.com

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

For further information concerning this matter, please call:

Ella Warren Merrill

Name of Person

at (781) 254-3814

Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Miller Palms, L.L.C.

SECOND: The Florida Document number of the limited liability company is: L99000002304

THIRD: The date of filing of the initial articles of organization is: April 23, 1999

FOURTH: The date of filing of the dissolution is: November 6, 2018

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

Ella Warren Merrill
Signature of Authorized Representative

Ella Warren Merrill, Managing Partner
Typed or printed name of signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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