

K140000SS312

(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

LLC
Art. of
Term.

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELOQUENCE UNIT 1805 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:

JORGE SALCEDO

Name of Person

SALCEDO ATTORNEYS AT LAW, P.A.

Firm/Company

200 S. BISCAYNE BLVD, SUITE 2700

Address

MIAMI, FL 33131

City/State and Zip Code

JSALCEDO@LAWJSH.COM

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

For further information concerning this matter, please call:

JORGE SALCEDO at (305) 375-0640
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:

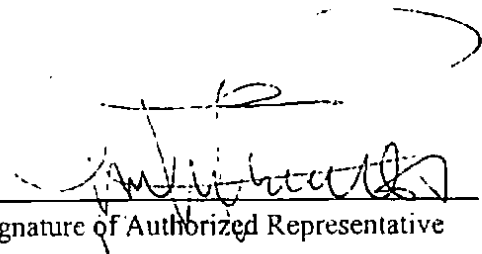
FIRST: The name of the limited liability company is: ELOQUENCE UNIT 1805 LLC

SECOND: The Florida Document number of the limited liability company is: L14000088312

THIRD: The date of filing of the initial articles of organization is: 06/02/2014

FOURTH: The date of filing of the dissolution is: 07/21/2021

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

GUSTAVO GIMENEZ

Typed or printed name of signature

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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