

L14 000 107 523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

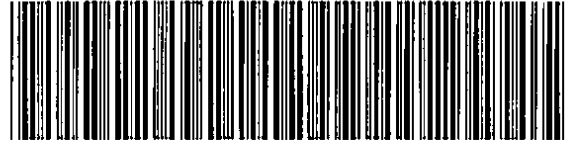
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OCEMAR 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, ESQ.  
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

JSAI.CEDO@LAWJSH.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE SALCEDO, ESQ. 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:

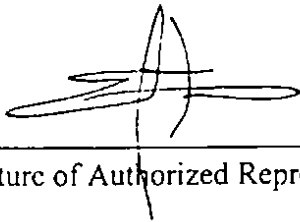
FIRST: The name of the limited liability company is: OCEMAR LLC

SECOND: The Florida Document number of the limited liability company is: L14000107523

THIRD: The date of filing of the initial articles of organization is: 07/08/2014

FOURTH: The date of filing of the dissolution is: 06/17/2022

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

ENZO VESCE

Typed or printed name of signature

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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