

L1800000 4015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

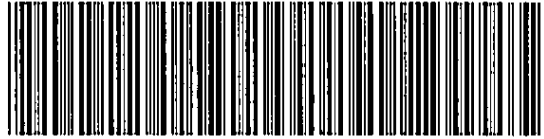
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SECRETARY OF STATE
TALLAHASSEE, FL

LLC
Statement
of
Termination
03/28/19
DL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Masal Enterprises, 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 Alejandro Fernandez

Name of Person

Hispanicvision International Corp.

Firm/Company

10135 NW 54th Ter

Address

Doral FL 33178

City/State and Zip Code

jorgefernandez@hispanicintl.com

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

For further information concerning this matter, please call:

Jorge Alejandro Fernandez

at (786) 768-4775

Name of Person

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: Masal Enterprises, LLC

SECOND: The Florida Document number of the limited liability company is: L18000004015

THIRD: The date of filing of the initial articles of organization is: 01/04/2018

FOURTH: The date of filing of the dissolution is: 03/26/19

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

Jorge Alejandro Fernandez

Typed or printed name of signature

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SECRETARY OF STATE
TALLAHASSEE, FL

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