

L19 000190514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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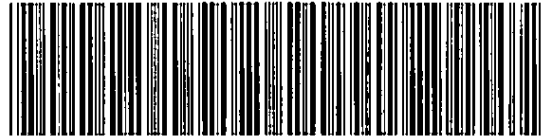
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 12934 SW 133 CT MIAMI FL 33186 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:

SUELLEN FERREIRA MARTORELL

Name of Person

12934 SW 133 CT MIAMI FL 33186 LLC

Firm/Company

2457 COLLINS AVE APT 702

Address

MIAMI, FL 33140

City/State and Zip Code

12934LLC@GMAIL.COM

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

For further information concerning this matter, please call:

SUELLEN MARTORELL

Name of Person

at ( 305 ) 3318765

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: 12934 SW 133 CT MIAMI FL 33186 LLC

**SECOND:** The Florida Document number of the limited liability company is: L19000190514

**THIRD:** The date of filing of the initial articles of organization is: July 25 2019

**FOURTH:** The date of filing of the dissolution is: 05/26/2021

**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

Suellen Ferreira Martorell

Typed or printed name of signature

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Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)