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(Requestor's Name)			
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Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARIA PEREIRA TORRES

(Contact Person)

MIKAZZA HOMES LLUP

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2023 HAR (Firm/Company) 11175 JASMINE HILL CIRCLE (Address) AM BOCA RATON, FLORIDA 33498 (City, State and Zip Code) ö က For further information concerning this matter, please call: MARIA PEREIRA TORRES 540-9819) (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: 🗧 \$61.25 Filing Fee 1 \$105.00 Filing Fee SH3.75 Filing Fee. S52.50 Filing Fee and Certificate of and Certified Copy Certified Copy, and Certificate of Status Status Street Address: Mailing Address: **Registration Section Registration Section** Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

STATEMENT OF TERMINATION FOR

MIKAZZA HOMES LELP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on ______ June 28, 2021 _____, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Elene Cassimatis Maria Tornes Percira (Ikuia Tornes Venira 2 구국 ö <u>-</u> Filing Fee: \$52.50

Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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