

104 0000 51230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

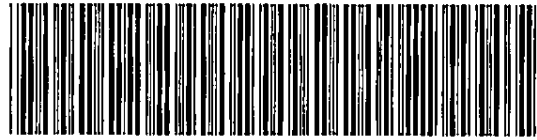
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Statement of Term

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mar Ridge Apartments, 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:

Joaquin Luaces

Name of Person

Firm/Company

1172 S. Dixie Hwy #369

Address

Coral Gables, FL 33146

City/State and Zip Code

joaquin@flcommercialrealty.com

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

For further information concerning this matter, please call:

Joaquin Luaces at (305) 794-2846
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:

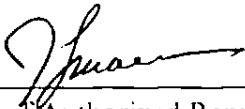
FIRST: The name of the limited liability company is: MAR RIDGE APARTMENTS, LLC

SECOND: The Florida Document number of the limited liability company is: L04000051230

THIRD: The date of filing of the initial articles of organization is: 07/12/2004

FOURTH: The date of filing of the dissolution is: 01/21/2015

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

Joaquin Luaces

Typed or printed name of signature

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