

LO8 0000 62411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

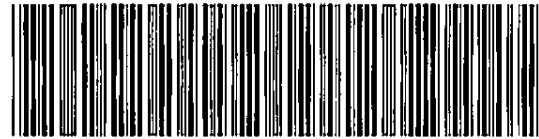
(Document Number)

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

Special Instructions to Filing Officer:

7044

Office Use Only



300335134143

10/15/19--01032--019 \*\*25.00

2019 11 13 07

Statement of Term

NOV 05 2019  
I ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Turtle Oaks 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:

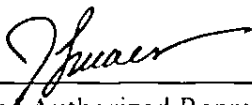
**FIRST:** The name of the limited liability company is: Turtle Oaks Apartments, LLC

**SECOND:** The Florida Document number of the limited liability company is: L08000062411

**THIRD:** The date of filing of the initial articles of organization is: 6/25/2008

**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)

10:31:11