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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

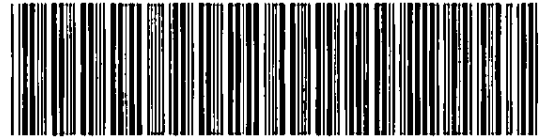
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYPRESS 813, 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 SALCEDO, ESQ

Name of Person

SALCEDO ATTORNEYS AT LAW P.A.

Firm/Company

200 S BISCAYNE BLVD, SUITE 2700

Address

MIAMI, FL 33131

City/State and Zip Code

JSALCEDO@LAWJSH.COM

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

For further information concerning this matter, please call:

JORGE SALCEDO, ESQ

at (305) 375-0640

Name of Person

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: CYPRESS 813, LLC

SECOND: The Florida Document number of the limited liability company is: L09000108894

THIRD: The date of filing of the initial articles of organization is: NOVEMBER 12, 2009

FOURTH: The date of filing of the dissolution is: APRIL 19, 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

RAFAEL SUCRE

Typed or printed name of signature

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FILED

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