

L11000060424

(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:

Office Use Only



900331910749

07/30/19--01002--005 **25.00

RECEIVED

JUL 24 2019

2019 JUL 29 AM 9:01

FILED

Y SULKER

AUG 01 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AGS HOLDINGS 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

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 at (**305**) **3750640**
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: AGS HOLDINGS LLC

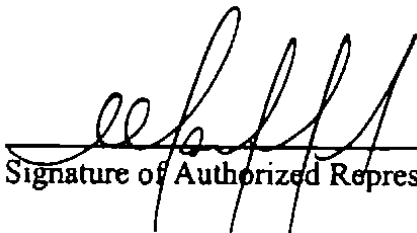
SECOND: The Florida Document number of the limited liability company is: L11000060424

THIRD: The date of filing of the initial articles of organization is: 05/23/2011

FOURTH: The date of filing of the dissolution is: 05/01/2019

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

219 JUL 23 10 09 AM '19
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE, FLORIDA



Signature of Authorized Representative

ALEJANDRO GOMEZ

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)