## L12000134134

(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:		





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07/10/23--01021--002 \*\*\*25.60

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2023 JUL 10 PH 2: 46

## COVER LETTER

TO: Registration Section Division of Corporations	•
SUB-LEGET MIDTOWN 41205 LLC	-
SUBJECT: 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	<del></del> -
JSALCEDO@LAWJSH.COM	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matt	ter, please call:
JORGE SALCEDO	at ( ) 305 375-0640
Name of Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
Fallanassec, FE 32.914	Tallahassee, FL 32303

CR2E141 (2/14)

## 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:  #### MIDTOWN 41205 LLC			
SECOND: The Florida Document number	of the limited liability company is:L12000	0134734	
THIRD: The date of filing of the initial art	ticles of organization is:		
FOURTH: The date of filing of the dissolu	June 26, 2023 ution is:	,	
<b>FIFTH:</b> This limited liability company has that it will file a statement of termination.	s completed winding up its activities and affi	itirs and has determined	
	Arturo Corona	<b>2023</b>	
Signature of Authorized Representative	Typed or printed name of signature	JUL 1	
Cert	Filing Fee: \$25.00 ified Copy: \$30.00 (optional)	FILED 2023 JUL 10 PM 2: 46 TALLAHASSEE FLORIDA	

CR2E141 (2/14)

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