

L/14000045959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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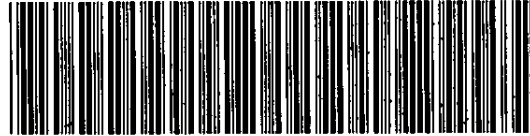
(Business Entity Name)

(Document Number)

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APR 14 2016  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EQUINOX REAL ESTATE 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:

GONZALO ROSENDO  
Name of Person

AMICORP FIDUCIARY SERVICES LLC  
Firm/Company

1001 BRICKELL BAY DRIVE #2306  
Address

MIAMI, FL 33131  
City/State and Zip Code

ZULLY@AMICORP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GONZALO ROSENDO at ( 305 ) 300 3921  
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

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TALLAHASSEE, FLORIDA

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**FILED**

## 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: EQUINOX REAL ESTATE LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000045959

**THIRD:** The date of filing of the initial articles of organization is: 3/19/14

**FOURTH:** The date of filing of the dissolution is: 04/07/16

**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

GONZALO ROSENDO

Typed or printed name of signature

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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