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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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COVER LETTER

TO:	Registration Section Division of Corporations		
ומווס	ELOQUENCE UNIT 1805 LLC		
SODI		of Limited Liab	oility Company
Dear :	Sir or Madam:		
The e	nclosed Statement of Termination and	fee(s) are subm	itted for filing.
Please	e return all correspondence concerning	this matter to t	he following:
JORG	E SALCEDO		
	Name of Person		-
SALC	EDO ATTORNEYS AT LAW, P.A.		
-	Firm/Company		•
200 S.	BISCAYNE BLVD, SUITE 2700		
	Address		-
MIAM	41, FL 33131		
	City/State and Zip Code		-
JSALO	CEDO@LAWJSH.COM		
E-m	ail address: (to be used for future annu	al report notific	ation)
For fu	orther information concerning this mat	ter, please call:	
JORG	E SALCEDO	305 at (375-0640
	Name of Person	Area Code	Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

CR2E141 (2/14)

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STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida State FIRST: The name of the limited liability con		nt of Termination:
	inpany is	
SECOND: The Florida Document number of	of the limited liability company is: L14000088	3312
THIRD: The date of filing of the initial artic	cles of organization is: 06/02/2014	
FOURTH: The date of filing of the dissolut	ion is: 07/21/2021	
FIFTH: This limited liability company has of that it will file a statement of termination.	completed winding up its activities and affai	rs and has determined
		
Signature of Authorized Representative	GUSTAVO GIMENEZ Typed or printed name of signature	FIL 2021 NOV -1 SECRETARY ALL AHASSE
Certif	Filing Fee: \$25.00 fied Copy: \$30.00 (optional)	PH 1: 22

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