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Statement of Term

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COVER LETTER

TO:	Registration Section Division of Corporations		
CHRI	IECT: MAR WALL FW, LLC		
3019	Name Name	of Limited Liabi	ility Company
Dear :	Sir or Madam:		
The e	nclosed Statement of Termination and	fee(s) are submi	tted for filing.
Please	e return all correspondence concerning	this matter to the	e following:
Joaq	uin Luaces		
	Name of Person		
	Firm/Company		
1172	S. Dixie Hwy #369		
	Address		
Cora	l Gables, FL 33146		
	City/State and Zip Code		
joaqu	uin@flcommercialrealty.com		
E-ma	ail address: (to be used for future annua	al report notifica	tion)
For fu	orther information concerning this matter	er, please call:	
Joaq	uin Luaces	_ at ()	794-2846
	Name of Person	Area Code	Daytime Telephone Number
	CTDEET/COUDIED ADDRESS	****	NC ADDRECS
	STREET/COURIER ADDRESS:	WAILH	NG ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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: MAR WALL FW, LLC				
FIRST: The name of the finited habitity c	ompany is			
	1.4.40004	00450		
SECOND: The Florida Document number	of the limited liability company is: L140001	<u> </u>		
THIRD: The date of filing of the initial art	icles of organization is: 08/12/2014			
FOURTH: The date of filing of the dissolu	ontion is: 01/06/2015	·		
FIFTH: This limited liability company has that it will file a statement of termination.	s completed winding up its activities and affair	rs and has determined		
Signature of Authorized Representative	Joaquin Luaces			
Signature of Authorized Representative	Typed or printed name of signature	_		
	Filing Fee: \$25.00	;57 ;		
Cert	ified Copy: \$30.00 (optional)			
		Ξ.		
CP2E141 (2014)		: .		
CR2E141 (2/14)		 л		