114000145836

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ry/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



000335134170

10/15/19--01032--010 ++25.00

45.6 14 51. JUS

COVER LETTER

TO: Registration Section

Division o	of Corporations		
_{SUBJECT:} Ma	r Wall Abilene	LLC	
DOCUMENT NU	MBER: <u>L14000</u>	145836	
			nd fee are submitted for filing.
Please return all co	rrespondence concerning	g this matter to the follow	ving:
Joaquin Li	uaces		
<u>-</u>		Contact Person)	
	(Firm	n/Company)	
1172 S. D	ixie Hwy #369	9	
	(Ac	ddress)	
Coral Gab	les, FL 33146	5	
	(City/Sta	te and Zip Code)	
For further informa	ition concerning this mat	tter, please call:	
Joaquin Luaces		_{at (} 305) 7	94-2846
(Name o	f Contact Person)		(Daytime Telephone Number)
Enclosed is a check	for the following amou	nt:	
■\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy (Additional copy is enclose	□ \$60 Filing Fee, Certificate of Status & ed) Certified Copy (Additional copy is enclosed)
P.O. Box 6	t Section Corporations	Ame Divis Clifto 2661	EET ADDRESS: Indment Section Sion of Corporations On Building Executive Center Circle hassee, FL 32301

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Mar Wall Abilene LLC		
Document number of Limited Liability Company is: L14000145836		
Date of dissolution was: 10/7/2019		
Description of information that must be included in a written claim:		
Name, address, phone number, and email address of claimant. Detailed explaination of alleged claim	n,	
including date(s) of event(s) leading to alleged claim, and all other pertinent informa	tion.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	20	
1172 S. Dixie Hwy #369	2013 (
	5	
Coral Gables, FL 33146	∄:: 9:	j
): 24	
A claim against the above named limited liability company will be barred unless a proceeding to enfo commenced within 4 years after the filing of this notice.	orce the	claim is
Joaquin Luaces Thurs		

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Printed Name of the Person Filing

Signature of the Person Filing