

L15000079104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

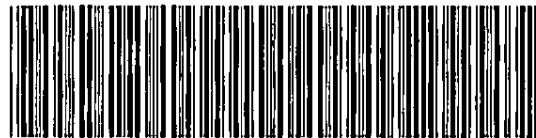
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900368852689

06/29/21--01036--022 \*\*25.00

2021 JUN 29 PM 2:44  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAGE HOLDINGS 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:

JORGE SALCEDO

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

JSALCEDO@LAWJSH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE SALCEDO, ESQ at (305) 375-0640  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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: MAGE HOLDINGS LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000079104

**THIRD:** The date of filing of the initial articles of organization is: MAY 15, 2015

**FOURTH:** The date of filing of the dissolution is: APRIL 12, 2021

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

*Amer Georges*

Signature of Authorized Representative

GEORGES AMER

Typed or printed name of signature

FILED  
2021 JUN 29 PM 2:44  
CLERK OF COURT  
JULIA A. LUTHE

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)