115000105176

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
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Statement of Term

NOV 05 2019 I ALBRITTON

COVER LETTER

_	stration Section sion of Corporations	,	
SUBJECT:	MML7081 LLC		
SUBJECT		of Limited Liabi	lity Company
Dear Sir or N	Madam:		
The enclosed	d Statement of Termination and	fee(s) are submit	ted for filing.
Please return	all correspondence concerning	g this matter to the	e following:
Joaquin Lui	aces		
	Name of Person		
	Firm/Company		
1172 S. Dix	xie Hwy #369		
	Address		
Coral Gable	es, FL 33146		
·	City/State and Zip Code		
joaquin@flo	commercialrealty.com		
E-mail addr	ress: (to be used for future annu	ial report notifica	tion)
For further in	nformation concerning this mat	ter, please call:	
Joaquin Lua	aces	305	794-2846
N	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

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: MMI 7081, LLC					
<u> </u>					
SECOND: The Florida Document number	of the limited liability company is: L150001	05176			
THIRD: The date of filing of the initial art	icles of organization is:				
FOURTH: The date of filing of the dissolu	September 20, 2016	·			
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and affair	's and has determined			
Signature of Authorized Representative	Joaquin Luaces Typed or printed name of signature	_			
Сеп	Filing Fee: \$25.00 ified Copy: \$30.00 (optional)	777 1777 1777			
CR2E141 (2/14)		15 FR 4: 18			