## LIS0002031603

(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:	





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2020 JUH -3 AM 10: 20 SECRETARY OF STATE FALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SYL INVESTMENT ASSETS LLC	
Name of Limited Lis	ability Company
Dear Sir or Madam:	
The enclosed Statement of Termination and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter to	the following:
JORGE SALCEDO, ESQ	
Name of Person	<del></del>
SALCEDO ATTORNEYS AT LAW P.A.	
Firm/Company	<del>-</del>
200 S BISCAYNE BLVD, SUITE 2700	
Address	<del>-</del> -
MIAMI, FL 33131	
City/State and Zip Code	_
JSALCEDO@LAWJSH.COM	
E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, please call:	
JORGE SALCEDO, ESQ at (305	375-0640
Name of Person Area Coc	de 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

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:  SYL INVESTMENT ASSETS LLC			
FIRST: The name of the limited hability of	company is:		
SECOND: The Florida Document number	of the limited liability company is:	663	
THIRD: The date of filing of the initial art	ticles of organization is: DECEMBER 07, 2015		
FOURTH: The date of filing of the dissolu	ation is: FEBRUARY 28, 2020	·	
FIFTH: This limited liability company has that it will file a statement of termination.	s completed winding up its activities and affair	s and has determined	
	SARKIS YAMMINE	2020 J SECRI	
Signature of Authorized Representative	Typed or printed name of signature	2020 JUH -3 AI SECRETARY SE TALLAHASSEELF	
Cert	Filing Fee: \$25.00 ified Copy: \$30.00 (optional)	AH 10: 20 OF STATE FLORIDA	

CR2E141 (2/14)