

L16000123351

(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



500299405205

05/22/17--01014--015 **25.00

FILED
17 MAY 22 PM 02:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 23 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW LAND DORAL 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:

FABIO GIALLANZA, ESQ

Name of Person

SALCEDO ATTORNEYS AT LAW P.A.

Firm/Company

200 S BISCAYNE BLVD.

Address

MIAMI, FL 33130

City/State and Zip Code

fgiallanza@lawjsh.com

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

For further information concerning this matter, please call:

FABIO GIALLANZA, ESQ

Name of Person

at (305) 3750640

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

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

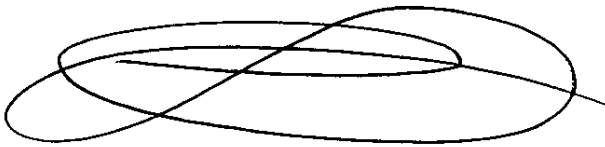
FIRST: The name of the limited liability company is: NEW LAND DORAL LLC

SECOND: The Florida Document number of the limited liability company is: L16000123351

THIRD: The date of filing of the initial articles of organization is: 06/27/2016

FOURTH: The date of filing of the dissolution is: 05/02/2017

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



Signature of Authorized Representative

ENGELBERT RODRIGUEZ

Typed or printed name of signature

FILED
17 MAY 22 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)