## L17000 118614

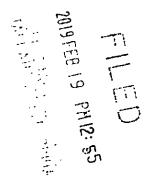
(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	= #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





200324553032

02/19/19--01024--029 \*\*55.00



Actonunt Tum

FEB 23 2019 I ALBRITTON

## COVER LETTER

10:	Division of Corpora					
SHRU	ECT: MARY HAN	VAH, LLC				
OODO.		Name	of Limited Liab	oility Company		
Dear S	Sir or Madam:					
The en	nclosed Statement of	Termination and	fee(s) are subm	itted for filing.		
Please	return all correspond	lence concerning	this matter to th	ne following:		
Kimbe	erly Martinez-Lejarz	za, Esq.				
	Name	of Person		•		
Stoke	es McMillan Antune	z P.A.				
	Firm/	Company		•		
9130	S. Dadeland Blvd.	Suite 1901				
	Addr	ess				
Miam	ni, FL 33156					
	City/State ar	nd Zip Code	· ·			
kmart	tinez-lejarza@smpa	alaw.com				
E-ma	il address: (to be use	d for future annu	al report notific	ation)		
For fu	rther information con	cerning this mat	ter, please call:			
Kimb	erly Martinez-Lejarz	za, Esq.	at (	379-4008		
	Name of Person	1		Daytime Telephone Number		
	(VIII.)					
	STREET/COURIE Registration Section			MAILING ADDRESS: Registration Section		
	Division of Corpora		_	Division of Corporations		
	Clifton Building		P.O. Bo	P.O. Box 6327		
	2661 Executive Cer Tallahassee, Florida		Tallaha	issee, 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: MARY HANNAH, LLC					
<del></del>	<del>-</del>	<del></del>			
<b>SECOND:</b> The Florida Document number	of the limited liability company is: L1700	00118614			
THIRD: The date of filing of the initial arti	icles of organization is: 05/30/2017				
FOURTH: The date of filing of the dissolu	otion is: 02/05/2019	<del></del> -			
<b>FIFTH:</b> This limited liability company has that it will file a statement of termination.	completed winding up its activities and a	ffairs and has determined			
Jonas A L	Thomas A. Unanue				
Signature of Authorized Representative	Typed or printed name of signature				
Certi	Filing Fee: \$25.00 ified Copy: \$30.00 (optional)	FILED 2019 FEB 19 PH12: \$5			
CR2E141 (2/14)		ି ପ ଲ			