L18000138283

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TALLAHASSEF OF STATE

COVER LETTER

tration Section		
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Name o	of Limited Liab	ility Company
1adam:		
Statement of Termination and f	ee(s) are submi	tted for filing.
all correspondence concerning t	his matter to th	e following:
EDO H.		
Name of Person	<u></u>	
TORNEYS AT LAW P.A.		
Firm/Company		
'NE BLVD, SUITE 2700		
Address		
131		
City/State and Zip Code		
AWJSH.COM		
ess: (to be used for future annua	l report notifica	ntion)
formation concerning this matte	r, please call:	
EDO H.	305 at (375-0640
lame of Person	Area Code	Daytime Telephone Number
ng Address:		Street Address:
tration Section		Registration Section Division of Corporations
		The Centre of Tallahassee
	Ion of Corporations FUENCARRAL INVESTMENTS LE Name of Iadam: Statement of Termination and f all correspondence concerning t EDO H. Name of Person FORNEYS AT LAW P.A. Firm/Company NE BLVD, SUITE 2700 Address I31 City/State and Zip Code LAWJSH.COM ess: (to be used for future annual formation concerning this matter EDO H. Iame of Person Ing Address:	Name of Limited Liab Name of Limited Liab Itadam: Statement of Termination and fee(s) are submit all correspondence concerning this matter to the EDO H. Name of Person FORNEYS AT LAW P.A. Firm/Company NE BLVD, SUITE 2700 Address City/State and Zip Code LAWJSH.COM Termination concerning this matter, please call: EDO H. Area Code Ing Address: Itration Section ion of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E141 (2/14)

Tallahassee, FL 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:				
SECOND: The Florida Document number of	of the limited liability company is: L18000	138283		
THIRD: The date of filing of the initial artic	cles of organization is: JUNE 4, 2018			
FOURTH: The date of filing of the dissolut	ion is: DECEMBER 31, 2022	·		
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and a	Mairs and has determined		
Podo P. Pent. D.	PEDRO MANUEL MEZQUITA			
Signature of Authorized Representative Certil	Typed or printed name of signature Filing Fee: \$25.00 fied Copy: \$30.00 (optional)	FILED 2023 SEP -1 PM 1: 40 TALLAHASSEE, FLORIDA		