

L18000138472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. RIVERS
JUN 27 2023

FILED
JUN 26 8:06
JUN 26 8:06

COVER LETTER

TO: Registration Section
Division of Corporations
Homerton LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Luis Aguera

Name of Person

Homerton LLC

Firm/Company

848 Brickell Ave suite 300

Address

Miami FL 33131

City/State and Zip Code

al@hotels.casa

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

For further information concerning this matter, please call:

Jose Luis Aguera

305

331 4707

at ()

Name of Person

Area Code 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

MAR 17 2014

STATEMENT OF TERMINATION

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

Hometton LLC

FIRST: The name of the limited liability company is: _____

L18000138472

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

06/04/2018


THIRD: The date of filing of the initial articles of organization is: _____

12/31/22

FOURTH: The date of filing of the dissolution is: _____

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

FILED
2023 JAN 24 AM 08
CLERK OF COURT
JULIA A. BROWN



Signature of Authorized Representative

JESSE LUIS AGUIRRE

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2023

JOSE LUIS AGUERA
848 BRICKELL AVE
SUITE 300
MAIMI, FL 33131

SUBJECT: HOMETTON LLC
Ref. Number: L18000138472

We have received your document for HOMETTON LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers
Regulatory Specialist III

Letter Number: 523A00011525