

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2457 COLLINS AVENUE #9 MIAMI BEACH FL 33140 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:

SUELLEN MARTORELL
Name of Person

18117 BISCAYNE BLVD #1131
Firm/Company
Address

AVENTURA FL 33160
City/State and Zip Code

RMJ365@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUELLEN at (305) 331 5361
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

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: 2457 COLLINS AVENUE #9 MIAMI BEACH FL 33140 LLC

SECOND: The Florida Document number of the limited liability company is: L20000223984

THIRD: The date of filing of the initial articles of organization is: 07/28/2020

FOURTH: The date of filing of the dissolution is: 10/31/2022

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

SUELLEN MARTORELL
Typed or printed name of signature

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