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...<u>.</u>;

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
CHDI	TARIEA KITE I I C				
SUBJ	SUBJECT: Name of Limited Liability Company				
Dear S	Sir or Madam:				
The en	nclosed Statement of Termination and	fee(s) are submi	itted for filing.		
Please	return all correspondence concerning	this matter to th	ne following:		
JORGE	E SALCEDO H, ESQ				
	Name of Person				
SALCE	EDO ATTORNEYS AT LAW P.A.				
	Firm/Company				
333 S.E	E 2ND AVE, SUITE 2000				
	Address				
MIAMI	I, FL 33131				
	City/State and Zip Code				
JBADE	ELL@LAWJSH.COM				
E-ma	il address: (to be used for future annua	al report notifica	ation)		
For fu	rther information concerning this matt	er, please call:			
JORGE	SALCEDO H, ESQ	305 at (	3750640		
	Name of Person	Area Code	Daytime Telephone Number		
	Mailing Address:	•	Street Address:		
	Registration Section		Registration Section		
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
	, <del></del>		Tallahassee, FL 32303		

CR2E141 (2/14)

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Sta	· · · · · · · · · · · · · · · · · · ·				
FIRST: The name of the limited liability company is:  TARIFA KITE LLC					
SECOND: The Florida Document number	of the limited liability company is: L21	000104289			
THIRD: The date of filing of the initial art	icles of organization is: MARCH 03, 2021	· <del></del>			
FOURTH: The date of filing of the dissolu	OCTOBER 02, 2024	·			
<b>FIFTH:</b> This limited liability company has that it will file a statement of termination.	completed winding up its activities and	affairs and has determined			
Signature of Authorized Representative	GUSTAVO MEZQUITA				
Signature of Authorized Representative	Typed or printed name of signatur	e			
Сеп	Filing Fee: \$25.00 ified Copy: \$30.00 (optional)	2024 DEC -2			
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