

LO5000082560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

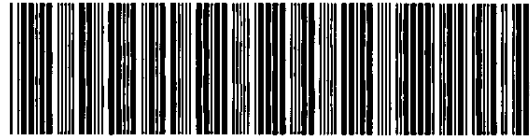
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RECEIVED
DIVISION OF CORPORATIONS
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHAVEN INVESTMENTS, 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:

KARL M. SCHMITZ, III, ESQ.

Name of Person

KARL M. SCHMITZ, III, P.A.

Firm/Company

701 ENTERPRISE ROAD, E., UNIT 502

Address

SAFETY HARBOR, FL 34695

City/State and Zip Code

karl@attorneytampa.com

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

For further information concerning this matter, please call:

Karl M. Schmitz, III, Esq. at (727) 450-0778
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF TERMINATION

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

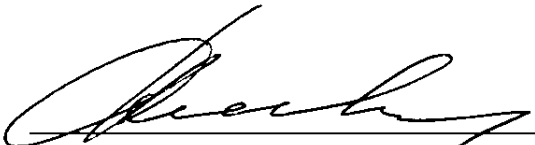
FIRST: The name of the limited liability company is: CHAVEN INVESTMENTS, LLC

SECOND: The Florida Document number of the limited liability company is: L05000082560

THIRD: The date of filing of the initial articles of organization is: 08/19/2005

FOURTH: The date of filing of the dissolution is: MAY 21 2014

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

ARKADIY DUBOVOY

Typed or printed name of signature

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

FILED
SECTION 607.011
DIVISION OF CORPORATIONS
14 MAY 21 PM 4:25