

LO5000082560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

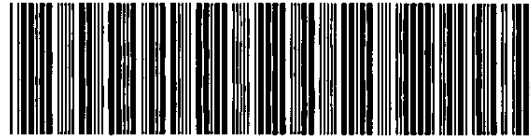
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14 MAY 21 PM 4:25  
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DIVISION OF CORPORATIONS  
SECRETARY OF STATE

**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)

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SECTION 605.0709(7)  
DIVISION OF CORPORATIONS  
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