

L05000117717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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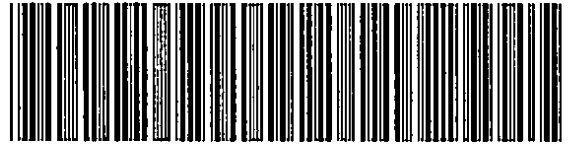
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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Dissolution

2022 JAN 3 2022
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paul Marraffino Services, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Marraffino

(Name of Person)

Spouse, Paul died 11/16/2021

(Firm/Company)

19544 SW 82nd Pl Rd

(Address)

Dunnellon, FL 34432

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Marraffino

(Name of Person)

at

352

(Area Code & Daytime Telephone Number)

465-4120

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Paul Marraffino Services, LLC

2. The Articles of Organization were filed on 1-19-14 and assigned

document number ~~2~~ L05000117717

3. The delayed effective date the dissolution if not effective on the date of filing: 11-16-21
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Paul Marraffino died on 11/16/21. A copy of the
death certificate is enclosed.. I, Sandra Marraffino,
am his sole beneficiary and his will was registered

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: with the Marion County ✓

Sandra Marraffino Probate office.

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TALLAHASSEE, FL

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Sandra Marraffino
Signature

Sandra Marraffino
Printed Name

FILING FEE: \$25.00

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2021236959

DATE ISSUED: NOVEMBER 30, 2021

DECEDENT INFORMATION

DATE FILED: NOVEMBER 29, 2021

NAME: PAUL V MARRAFFINO

DATE OF DEATH: NOVEMBER 16, 2021

SEX: MALE

AGE: 081 YEARS

DATE OF BIRTH: APRIL 12, 1940

SSN: ***-**-9600

BIRTHPLACE: NEW YORK, NEW YORK, UNITED STATES

PLACE WHERE DEATH OCCURRED: HOSPICE

FACILITY NAME OR STREET ADDRESS: E.W. & LUCILLE CATES HOUSE

LOCATION OF DEATH: OCALA, MARION COUNTY, 34481

RESIDENCE: 19544 SW 82ND PLACE ROAD, DUNNELLON, FLORIDA 34432, UNITED STATES

COUNTY: MARION

OCCUPATION, INDUSTRY: ENGINEER, ELECTRICAL

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: SANDRA BROECKER

FATHER'S/PARENT'S NAME: JOSEPH MARRAFFINO

MOTHER'S/PARENT'S NAME: CLAIRE WOODARD

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: SANDRA MARRAFFINO

RELATIONSHIP TO DECEDENT: SPOUSE

INFORMANT'S ADDRESS: 19544 SW 82ND PLACE ROAD, DUNNELLON, FLORIDA 34432, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: MICHAEL J CSUKA, F043560

FUNERAL FACILITY: BALDWIN BROTHERS - OCALA - SW 93RD CT F191139

11250 SW 93RD CT STE 300, OCALA, FLORIDA 34481

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: BALDWIN BROTHERS CREMATORY
OCALA, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1337

DATE CERTIFIED: NOVEMBER 18, 2021

CERTIFIER'S NAME: VILMARIE VELEZ

CERTIFIER'S LICENSE NUMBER: ACN359

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

REQ: 2023400583

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.