

L11000002773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

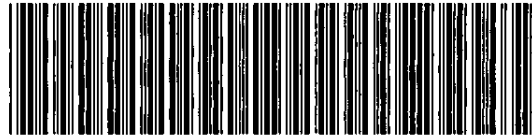
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status

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Office Use Only



200268541982

01/27/15--01022--003 \*\*25.00

FILED  
15 JAN 27 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB - 4 2015

T. BROWN

D36

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAVRAKIS CONSULTING 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:

PATRICIA MAVRAKIS

(Name of Person)

MAVRAKIS CONSULTING LLC

(Firm/Company)

2420 MOUNTAIN ASH WAY

(Address)

NEW PORT RICHEY, FL 34655

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA MAVRAKIS

(Name of Person)

727

644-8818

at (

)  
(Area Code & Daytime Telephone Number)

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/COURIER ADDRESS:**

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

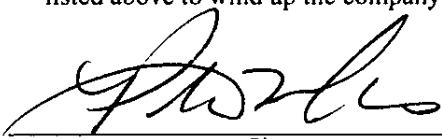
**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

**FILED**  
15 JAN 27 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
MAVRAKIS CONSULTING LLC
  
2. The Articles of Organization were filed on 01/07/2011 and assigned  
document number L11000002773
  
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
  
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).  
DISSOLUTION OF ENTITY

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

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:

  
\_\_\_\_\_  
Signature

PATRICIA MAVRAKIS  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: MAVRAKIS CONSULTING LLC

Document number of Limited Liability Company is: L11000002773

Date of dissolution was: 1-27-2015

Description of information that must be included in a written claim:

**DISSOLUTION OF ENTITY**

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2420 MOUNTAIN ASH WAY

NEW PORT RICHEY, FL 34655

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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

PATRICIA MAVRAKIS

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**