

42000135545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

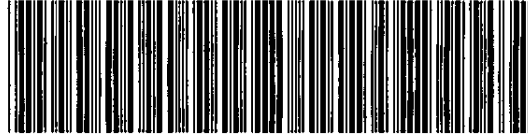
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100267473441

01/09/15--01018--010 \*\*25.00

FILED

2015 JAN -9 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 20 2015  
D. BRUCE

**Kevin James Maller  
Attorney at Law**

PHONE (727) 344-7179  
FAX (727) 344-2938

1135 PASADENA AVENUE SOUTH  
SUITE #260  
ST. PETERSBURG, FL 33707

January 6, 2015

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

***Re: Nikitenko, LLC***

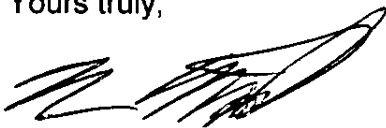
To whom it may concern:

The enclosed Articles of Dissolution for A Limited Liability Company and my office check in the amount of \$25.00 for Certificate of Dissolution of Nikitenko, LLC, are submitted for filing. I request that you return all correspondences concerning this matter to the following address:

4050 4<sup>th</sup> Street North, #209  
St. Petersburg, Florida 33703

For further information, if necessary, Ms. Gustin's phone number is 727-686-4745.

Yours truly,



Kevin J. Maller, Esquire  
KJM/dm

Enc.

cc: Vita Gustin

**FILED**  
2015 JAN -9 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nikitenko, 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:

Vita Gustin  
(Name of Person)

(Firm/Company)

4050 4th Street North # 209  
(Address)

St. Petersburg, Florida 33703  
(City/State and Zip Code)

For further information concerning this matter, please call:

Vita Gustin at ( 727 ) 686 4754  
(Name of Person) (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

FILED  
2015 JAN -9 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

1. The name of a limited liability company is

Nukitenko, LLC

2. The Articles of Organization were filed on October 24, 2012 and assigned

document number L12000135545

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).

Sale of Real Estate

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:

Vita Gustaf  
Signature

Vita Gustaf  
Printed Name

FILING FEE: \$25.00

2015 JAN -9 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED