

44000058048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

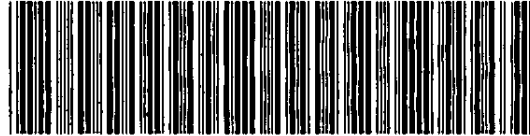
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TALLAHASSEE, FLORIDA
16 MAR -4 PM 1:03
16 MAR -4 PM 2:51

MAR 18 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 MAR 18 PM 1:37

RECEIVED
TALLAHASSEE, FLORIDA

March 7, 2016

JOHN J KOVAL
8432 MUIRFIELD WAY
PORT ST LUCIE, FL 34986

SUBJECT: MARIETTA HOLDINGS, LLC
Ref. Number: L14000058048

We have received your document for MARIETTA HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 816A00004607

16 MAR -4 PM 2:51

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

MARIETTA HOLDINGS, LLC

2. The Articles of Organization were filed on APRIL 7, 2014 and assigned
document number L14000058048

3. The delayed effective date the dissolution is 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)
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).

THE EVENT CAUSING DISSOLUTION WAS THE
CONSENT OF ALL THE MEMBERS TO THE DISSOLUTION
OF THE COMPANY AS OF FEBRUARY 19, 2016.

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

JOHN KOVAL

8432 MUIRFIELD WAY

PORT ST. LUCIE, FL 34986

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

JOHN J. KOVAL
Printed Name

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR -16 PM 2:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARIETTA HOLDINGS, 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:

JOHN J. KOVAL

Name of Person

MARIETTA HOLDINGS, LLC

Firm/Company

8432 MUIRFIELD WAY

Address

PORT ST. LUCIE, FL 34986

City/State and Zip Code

JOHN@LEVELOCONTRACTORS.COM

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

For further information concerning this matter, please call:

JOHN KOVAL

Name of Person

at (772) 342-3379

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

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TALLAHASSEE, FLORIDA
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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: MARIETTA HOLDINGS, LLC

SECOND: The Florida Document number of the limited liability company is: L14000058048

THIRD: The date of filing of the initial articles of organization is: 4-7-2014

FOURTH: The date of filing of the dissolution is: 3-1-16

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

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John J. Koval
Signature of Authorized Representative

JOHN J. KOVAL
Typed or printed name of signature

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