

L14000129332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

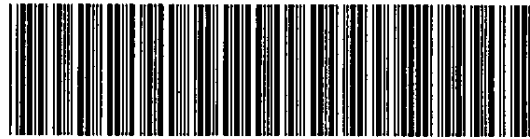
(Document Number)

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

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Constantine  
#3  
313115  
CO, ERM

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800267469018

01/13/15--01016--007 \*\*25.00

FILED  
2015 JAN 13 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2015

CONSTANTINE MAVROUDIS  
315 E NEW ENGLAND AVE #2  
WINTER PARK, FL 32789

SUBJECT: THASOS-KENTUCKY, LLC  
Ref. Number: L14000129332

We have received your document for THASOS-KENTUCKY, 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):

The limited liability company must complete and submit a Voluntary Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited liability company on our records. The fee to file both the Voluntary Dissolution and Notice of Dissolution is \$25.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 115A00001441

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THASOS - KENTUCKY, 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:

CONSTANTINE MAVROUDIS, MD  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

315 E. NEW ENGLAND AVE. #2  
(Address)

WINTER PARK, FL, 32789  
(City/State and Zip Code)

For further information concerning this matter, please call:

CONSTANTINE MAVROUDIS, MD at ( 312 ) 952-9806  
(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2015 JAN 13 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

THASOS - KENTUCKY, LLC

2. The Articles of Organization were filed on August 20, 2014 and assigned

document number L14000129332

3. The delayed effective date the dissolution if not effective on the date of filing: JAN 13, 2015  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

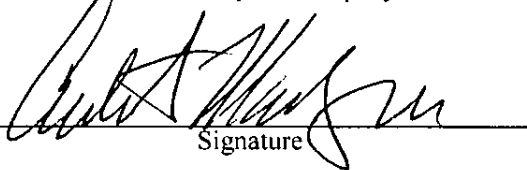
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

THE ORIGINAL INTENT FOR ESTABLISHING THE LLC  
CHANGED AND THEREFORE WAS NOT NECESSARY  
FOR OUR PURPOSES - WE THEREFORE  
WISH TO DISSOLVE THE LLC.

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

CONSTANTINE MAVROUDIS, MD  
315 E. NEW ENGLAND AVE #2  
WINTER PARK, FL, 32789

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

CONSTANTINE MAVROUDIS, MD  
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: THASOS- KENTUCKY, LLC

Document number of Limited Liability Company is: L14000129332

Date of dissolution was: 1-13-15

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

We no longer need the LLC for our  
business purposes and therefore filed  
to dissolve the LLC

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

CONSTANTINE MAVROUDIS, MD  
315 E New England Ave #2  
WINTER PARK, FL 32789

FILED  
2015 JAN 13 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

CONSTANTINE MAVROUDIS, MD

Printed Name of the Person Filing

Constantine Mavroudis

Signature of the Person Filing

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