

L14000145345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

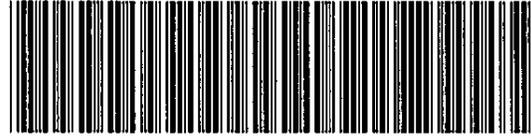
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200272144672

05/08/15--01030--008 **25.00

FILED
2015 MAY -8 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maynard Contracting, 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:

Timothy J. Maynard

(Name of Person)

Maynard Contracting, LLC

(Firm/Company)

5205 Willard Norris Road

(Address)

Milton, FL 32570

(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy Maynard

(Name of Person)

at (850) 665-4118

(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 MAY -8 PM 2: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Maynard Contracting, LLC

2. The Articles of Organization were filed on 09/12/2014 and assigned
document number L14000145345

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)
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).
Insufficient Work

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

5205 Willard Norris Road

Milton, FL 32570

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:

Timothy J. Maynard
Signature

Timothy J. Maynard

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: Maynard Contracting, LLC

Document number of Limited Liability Company is: L14000145345

Date of dissolution was: 05/01/2015

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

Claimant Name, Address, phone, reason for or description of claim, amount of claim.

Agreement/contract date, copy of signed agreement/contract.

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

Tim Maynard
5205 Willard Norris Road
Milton, FL 32570

FILED
2015 MAY -8 PM 2:04
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.

Timothy J. Maynard
Printed Name of the Person Filing

Timothy J. Maynard
Signature of the Person Filing