

Division of Corporations

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : MARKS GRAY, P.A.
Account Number : I20040000191
Phone : (904) 398-0900
Fax Number : (904) 399-8440

**LLC DISSOLUTION OR WITHDRAWAL
MAZUR AND ASSOCIATES, LLC**

Certificate of Status	0
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**ARTICLES OF DISSOLUTION
OF
MAZUR AND ASSOCIATES, LLC**

Document Number L15000202407

Pursuant to Section 605.0707, Florida Statutes, this Florida LLC submits the following articles of dissolution:

ARTICLE I

The name of the limited liability company is Mazur and Associates, LLC.

ARTICLE II

The mailing address of the limited liability company is 10069 Sawgrass Dr., E., Ponte Vedra Beach, FL 32082, and its street address is the same.


ARTICLE III

The business has no assets, and there has been no distribution to the members.

ARTICLE IV

On December 31, 2016, all of the members of this limited liability company elected and authorized that the limited liability company be dissolved, effective with the filing of these Articles with the Secretary of State of Florida. The number of votes cast was sufficient for approval.

IN WITNESS WHEREOF, the undersigned has executed the foregoing Articles of Dissolution this 7th day of March, 2017.

 3/7/17
William J. Mazur, Manager

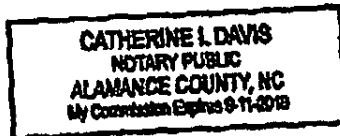
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STATE OF NORTH CAROLINA
COUNTY OF CHATHAM

The foregoing instrument was sworn to and acknowledged before me this 24 day of March February, 2017, by William J. Mazur, as a Manager of Mazur and Associates, LLC, who is personally known to me or who has presented NCOL as identification.

WITNESS my hand and official seal on this 24 day of March, 2017.

Catherine I. Davis
Signature of Notary Public
Notary Public, State and County aforesaid
My commission expires 09/11/2019

(Notarial Seal)

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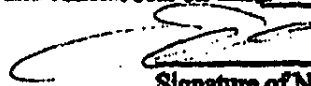


Brian Mazur, Manager

STATE OF FLORIDA
COUNTY OF DUVAL ^(F)
St Johns

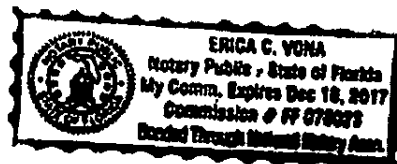
The foregoing instrument was sworn to and acknowledged before me this 2nd day of March ^(F) February, 2017, by Brian Mazur, as a Manager of Mazur and Associates, LLC, who is personally known to me or who has presented FL Drivers License as identification.

WITNESS my hand and official seal on this 2nd day of March ^(F) February, 2017.



Erica C. Yona
Signature of Notary Public
Notary Public, State and County aforesaid
My commission expires: Dec. 18, 2017

(Notarial Seal)



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