L17000005781

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2018

JOHN MAXON 104 SPRINGLINE DR VERO BEACH, FL 32963

SUBJECT: MAXON DIRECTED LLC Ref. Number: L17000005781

We have received your document for MAXON DIRECTED 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):

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia L Simmons Regulatory Specialist II

Letter Number: 318A00000897

RECEVED JAN 2 6 2018

COVER LETTER

TO: Registration Section Division of Corporations

(Name of Limited Liability Company) SUBJECT:

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person). MAXON Xi'LECTECI LLC (Firm/Company) 104 Sphilug/ille AL (Address) VELC DEACG.FI 32963

For further information concerning this matter, please call:

(Name of Person) at (222) 274 5152 (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

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1. The name of a limited liability company is

MAXON NILECTER LLC
2. The Articles of Organization were filed on $\frac{1}{10000000000000000000000000000000000$
document number <u>217000005781</u>
 3. The delayed effective date the dissolution if not effective on the date of filing: <u>73.6.7 2018</u> (effective date cannot be prior to or more than 90 days later than date document is received for filing) <u>Note:</u> 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).
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).
Inactivity 2
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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:
A set above to which the company's activities and analys.
John Mara
Signature Printed Name
() FILING FEE: S25.00

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