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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

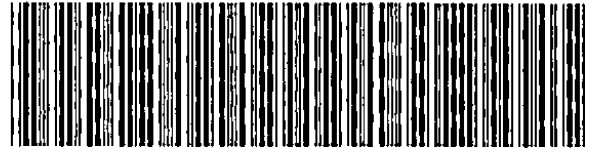
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.G.
03/05/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAPARDIAN, 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:

MATHIAS APARDIAN

(Name of Person)

(Firm/Company)

11380 Wayne Dr.

(Address)

Hollywood, FL 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

Dario Hagopian

(Name of Person)

at (954) 8300234

(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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

APPROVED
AND
FILED

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

1. The name of a limited liability company is

MAPARDIAN, LLC

2. The Articles of Organization were filed on 06/18/2018 and assigned

document number L18000149759

3. The delayed effective date the dissolution if not effective on the date of filing: 02/15/2019
(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).

Business never started operations and will not continue to be open for any further business matters.

Owner nor the business incurred in any debt on behalf of the company and neither contracted any party to do

work, employment or any related business matters.

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

activities and affairs:

n/a

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

MATHIAS APARDIAN

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA