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To:

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

From:

Account Name : KAYALI & CO., P.A.
Account Number : I20160000100
Phone : (813)899-9642
Fax Number : (813)899-9793

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL
CHEVRON MABRY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2023 DEC 13 PM 12:45

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T. LEMIEUX

DEC 14 2023

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COVER LETTER

H 230004247613

TO: Registration Section
Division of Corporations

SUBJECT: CHEVRON MABRY 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:

(Name of Person)
KAYALI & CO., P.A.
(Firm/Company)
10630 N. 56TH STREET, SUITE 205
(Address)
TEMPLE TERRACE, FL 33617
(City/State and Zip Code)

For further information concerning this matter, please call:

OSAMA KAYALI at (813) 899-9642
(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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is
CHEVRON MABRY LLC

2. The Articles of Organization were filed on JULY 27, 2023 and assigned
document number L23000355343

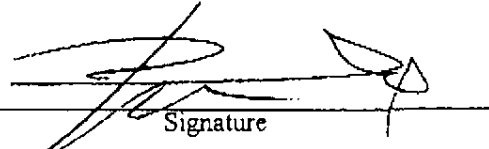
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this 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).

Closed the underlying business and no anticipation
to operate a new business under this 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: _____

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

KHALID NASSER
Printed Name

FILING FEE: \$25.00

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