

214000021099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

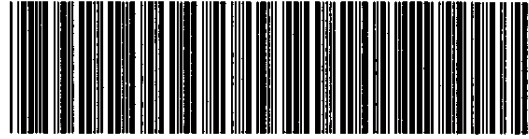
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2014 SEP 24 PM 2:43

FILED

SEP 29 2014

J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**AIREVEAL LLC**

**SUBJECT:** \_\_\_\_\_  
(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:

**Alexander Deiser**

\_\_\_\_\_  
(Name of Person)

**Patch N Ride LLC**

\_\_\_\_\_  
(Firm/Company)

**2410 Hollywood Blvd**

\_\_\_\_\_  
(Address)

**Hollywood FL 33020**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Alexander Deiser**

\_\_\_\_\_  
(Name of Person)

**855 720-4170**

at (\_\_\_\_\_) \_\_\_\_\_

(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)

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TALLAHASSEE FLORIDA  
STATE

**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**

1. The name of a limited liability company is

AIRVEAL LLC

2. The Articles of Organization were filed on 02/06/2014 and assigned

document number L14000021099

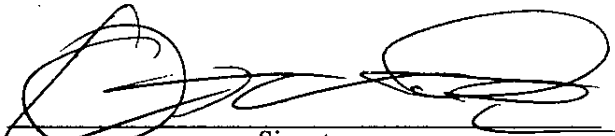
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Partners decided this corporation will not be releasing its product through this compan

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

Alexander Deiser

Printed Name

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CLERK OF COUNTY OF FLORIDA  
TALLAHASSEE, FLORIDA  
**FILED**

**FILING FEE: \$25.00**