# A/300000108

(Requ	uestor's Name)	
(Addr	ess)	<del>-</del>
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(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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CONSECTO PASSIS

K. SALY SEP 1 9 2017

### **COVER LETTER**

TO: Registration Section
Division of Corporations
SUBJECT:
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  (Contact Person)
Magellan Aviation Group (Firm/Company)
2345(B) Township Road
Charlotte NC 28273 (City, State and Zip Code)
For further information concerning this matter, please call:
Amarda Dunn at (704) 504 9204 (Area Code) (Daytime Telephone Number) (X 7103)
Enclosed is a check for the following amount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status  S105.00 Filing Fee Certified Copy and Certificate of Status
ethert annuess. Mailing address:

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

#### CERTIFICATE OF DISSOLUTION **FOR**

2017 SEP 18 PM 3:15 (Name of Florida Limited Partnership or Limited Liability Limited Partnership) Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on FEBRUARY 28, 2013, assigned Florida document number A1300000108 , hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) 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. general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.: \$52.50 Filing Fee: Certified Copy (optional): S52.50 \$8.75 Certificate of Status (optional):

## NOTICE OF DISSOLUTION **FOR** FLORIDA LIMITED PARTNERSHIP

2017 SEP 18 PM 3: 18
PALLAHASSCE FLORIDA

# OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
MC EMB170-59 LLLP
Description of information that must be included in a claim:
· NAME OF CLAMANT
· DATE OF CLAIM
· CONTACT INFORMATION
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)
TO MAGELLAN AIRCRAFT SERVICES LLY
2345 (B) TOWNSHIR ROAD
CHARLOTTE NC 28273
A claim against the above named limited partnership or limited liability limited partnershi will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.
Signature of a general partner or a principal of the successor entity:
ROBERT W. FESSLER Alph
Printed Name Signature
Fee: No charge if included with Certificate of Dissolution. If filed separately,

AS UP.

\$52.50.