

LO1000008466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

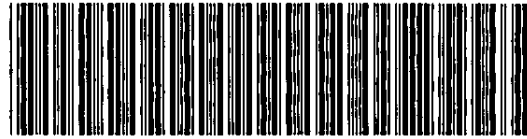
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2014 JAN 29 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. Culligan JAN 29 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: L01000008466

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAVIER ASADOUNE
(Name of Contact Person)

AEVOLIGHT INTERNATIONAL, LLC
(Firm/Company)

15160 SW 136 ST. UNIT #3
(Address)

MIAMI, FL 33196
(City/State and Zip Code)

For further information concerning this matter, please call:

JAVIER ASADOUNE at (786) 4574883
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed) |
|--|--|---|---|

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2014 JAN 29 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

AEROLIGHT INTERNATIONAL, LLC

2. The Articles of Organization were filed on MAY 29, 2001 and assigned
document number L01000008466

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/13


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).

OUT OF BUSINESS

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



Printed Name

JAVIER CASANDAMECA

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: AEROLIGHT INTERNATIONAL, LLC

Date of dissolution was: 12/31/2013

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

15160 SW 136 ST. UNIT #3
MIAMI, FL 33196

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JAVIER ASADUNECU
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

Fee: No charge if included with Notice of Dissolution. If filed separately \$25.00