105000022192

(Requestor's Name)				
(Address)				
(Address)				
(1.001.000)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Littly Name)				
(Document Number)				
Certified Copies Certificates of Status				
<u></u>				
Special Instructions to Filing Officer:				





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12/11/23--01009--008 ++25.00

FILED

REGRESSION PHIZ: 1

COVER LETTER

TO:		ation Section on of Corporations		
SUBJECT: Sheltair We			est Hampton, LLC	
(Name of Limited Liability Company)				
		ticles of Dissolution and fee(s) are submit	•	
		Marcos R.	Marchena, Esq.	
(Name of Person)				
Marchena and Graham, P.A.			and Graham, P.A.	
(Firm/Company) 976 Lake Baldwin Lane, Suite 101				
				(Address)
Orlando, Florida 32814 (City/State and Zip Code)				
		(City/sta	te and Zip Code)	
For fur	her inform	nation concerning this matter, please call:		
		Jahaida Sabater	at (407)658-8566	
		(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclose	is a check	for the following amount:		
Ø	\$25.00 F	iling Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. Bo	Address: ation Section on of Corporations ox 6327 assee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
Sheltair \	West Hampton, LLC
2. The Articles of Organization were filed on _	March 4, 2005 and assigned
document numberL05000022192	
(effective date cannot be prior to or more than 90 days	not effective on the date of filing: 12/31/2023 s later than date document is received for filing) Note: If the date inserted ry filing requirements, this date will not be listed as the document's ds.
4. A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707 c	the limited liability company's dissolution pursuant to section on back cover letter).
The consent of all members	
	C T
	PH 12:
5. If there are no members, enter the name and activities and affairs:	address of the person appointed to wind up the company's
	
Signature of an authorized person or if there above to wind up the company's activities and a	are no members, the signature of the person appointed and listed affairs:
Lisa Hollard	Lisa Holland, Manager of Holland Family Holdings, LLC as General Partner of Sheltair Aviation Services, LLLP
Signature	Printed Name

FILING FEE: \$25.00