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AND ASSEE, FLORID



COVER LETTER

TO: Registration Section Division of Corpora		•	•	
SUBJECT: HOM		AIRS LLC Limited Liability Company)		
The enclosed Articles of Am		-		
Sto	YAN V	(Name of Person)		
Hom		RIRS // C (Firm/Company)	ALS O	
700		Vircinia #1	06 NOV 13 PM 2: 39 SECRETARY OF STALLAHASSEE, FLORI	
Tolla	shossec	FL 3230 (ity/State and Zip Code)	ASSEE, FLO	
For further information conc			i 39 JAHL ORIDA	
Storan	VIKOOV lame of Person)	at (350) 36 (Area Code & Daytin	68-41-58 me Telephone Number)	
Enclosed is a check for the follo	wing amount:			
\$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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 hability comp.	Hone	Rep	airs	110	
2. The Articles of Organization were file LOS 0000 48 788	d on <u>\\\ . \\ .</u>	<u> </u>	_ and assigned	d document r	number
3. The date the dissolution was approved	13.11.06		_•	TAS (
4. A description of occurrence that result 608.441, Florida Statutes, (copy 608.4	ed in the limited liabil 41 on back cover lette	lity company's dis	solution purs	uant to seek	on
don't warce Mor	ney	<u></u>	<u></u>	VI3	
				EF.O. P	M
				2: 39 SIA: CORIC	
5. CHECK ONE:				3	
rights and interests. 7. CHECK ONE: There are no suits pending aga -OR- Adequate provision has been rentered against it in any pendir	nade for the satisfaction		nt, order or de	cree which r	may be
gnatures of the members having the same p	percentage of member	ship interests nece	essary to appr	ove the disso	olution:
Signature			Printed Name	e	
a s		Storan	PIKO	100	
				,	
					