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08 APR 30 PM 12: 44
SECRETARY OF STATE
TALL AHASSEF FLORING

Office Use Only

COVER LETTER

	tion Section of Corporations	
SUBJECT:	TA SKYWAY LLC (Name of Limited Liability Company)	
	orrespondence concerning this matter to the following:	
_	(Name of Person) (Firm/Company) Atto	ADORES S
	(City/State and Zip Code)	ADORESS 18 WIMPULE ST MORAGA CA 9455
	nation concerning this matter, please call: TUSENH ACMEINA at (925) 787-652. (Name of Person) (Area Code & Daytime Telephone Number)	der)
Enclosed is a check	Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Cop	Status &

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

08 APR 30 PM 12: 44
SECRETARY OF STA

1. The name of a limited liability company is	sk by	WAY LL	TALLAHASSEE FLORI
2. The Articles of Organization were filed on	027 30	2015	ssigned document number
3. The date the dissolution was approved:	EB Oli	2008	
4. A description of occurrence that resulted in the li 608.441, Florida Statutes, (copy 608.441 on back MC100E	imited liability control in the cover letter).	ompany's dissolution	n pursuant to section
5. CHECK ONE: All debts, obligations and liabilities of the OR-			_
Adequate provision has been made for the All remaining property and assets have been distrights and interests.	_	_	
7. CHECK ONE: There are no suits pending against the concord of t	• •		er or decree which may be
Signatures of the members having the same percentage	e of membership	interests necessary (to approve the dissolution:
Signature		Printe	d Name
Jusenh Juneur	_	JOSEAH	ALMEINA
San Hala	_	ACARIA	Acm=0A
	_		