

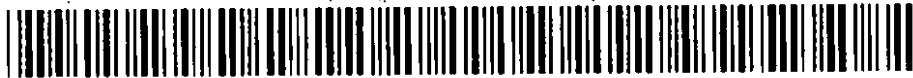
11/28/2018

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000339219 3)))



H180003392193ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
 Doing so will generate another cover sheet.

To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (514)280-3338  
 Fax Number : (954)208-0845

FILED  
 2018 NOV 29 AM 11:22  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL**  
**AVIATION CAREERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. CLINE

NOV 30 2018

EXAMINER

2018 NOV 29 PM 8:39

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Aviation Careers, LLC

2. The Articles of Organization were filed on 11/08/2005 and assigned

document number L05000108689

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**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.

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).

Business never originated

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

Michael C. Sommers  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

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: \_\_\_\_\_

Document number of Limited Liability Company is: \_\_\_\_\_

Date of dissolution was: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2018 NOV 29 AM 11:22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
Printed Name of the Person Filing

\_\_\_\_\_  
Signature of the Person Filing

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