1060000026150

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JAN 16 PH 2: 2

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fly Wright LLC	
(Name of Limited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jeff O'Connor	
(Name of Person)	
Fly Wright LLC	
(Firm/Company)	
2113 Northeast 17th Avenue	
(Address)	
Wilton Manors, FL 33305	
(City/State and Zip Code)	
For further information concerning this matter, please call:	TIVE OF LITTER OF THE PROPERTY
Jeff O'Connor at (954) 566-1200	
(Name of Person) (Area Code & Daytime Telepho	one Number)
Enclosed is a check for the following amount:)A ^m 9
. Certificate of Status Certified Copy Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)	60.00 Filing Fee, ificate of Status & ified Copy litional copy is enclosed)

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

	140,10000
2. The Articles of Organization were filed on \(\frac{3/}{L06000026150}\)	/13/2006 and assigned document number
3. The date the dissolution was approved: Dec	cember 31, 2006
	ne limited liability company's dissolution pursuant to section back cover letter).
5. CHECK ONE:	
	of the limited liability company have been paid or discharged.
OR- Adequate provision has been made for	or the debts, obligations and liabilities pursuant to s. 608.4
6. All remaining property and assets have been di	distributed among its members in accordance with their respective
rights and interests.	ASS
7. CHECK ONE:	m _o
✓ There are no suits pending against the OR-	, γ o
Adequate provision has been made for entered against it in any pending suit.	or the satisfaction of any judgment, order or decree which that he
and the second s	
gnatures of the members having the same percenta	age of membership interests necessary to approve the dissolution:
Signature	age of membership interests necessary to approve the dissolution: Printed Name
-	Printed Name
	Printed Name
	. , , , , ,
	Printed Name

FILING FEE: \$25.00