# LOG 000106728

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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J. S. T. M. OF STAIL ALLAHASSEE, FLORIDA

SEP 2 3 2027

S. PRATHE

# **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	Stratus Air, LLC.				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ed Liability Company)			
The en	closed Articles of Dissolution and fee(s) are submit	ted for filing.			
Please	return all correspondence concerning this matter to	the following:			
	Audrey Frahm				
	(Name of Person)				
	Stratus Air, LLC.				
	(Firm/Company)				
	400 S. State Road 7				
	(Address)				
	Plantation, FL 33317				
	(City/Sta	ite and Zip Code)			
For fur	ther information concerning this matter, please call:	:			
	Audrey Frahm	954 584-3060 x317			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclose	ed is a check for the following amount:				
■ \$25.00 Filing Fee and Certificate of Dissolution		☐ \$55,00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

. The Articles of Organizat	tion were filed on 11/02/2006	and assigned
document number L06000		
(effect Note: 1f the date inserted i	e the dissolution if not effective on the date ive date cannot be prior to or more than 90 days later in this block does not meet the applicable statute fective date on the Department of State's record	than date document is received for filing) ory filing requirements, this date will not b
A description of occurren 605.0707, Florida Statutes	nce that resulted in the limited liability comps, (copy 605.0707 on back cover letter).	pany's dissolution pursuant to section
No business		
	<del></del>	
If there are no members, activities and affairs:	enter the name and address of the person ap Gerald T. McDonald	opointed to wind up the company's
		opointed to wind up the company's
	Gerald T. McDonald	opointed to wind up the company's
activities and affairs:  . Signature of an authorize	Gerald T. McDonald  400 S. State Road 7  Plantation, FL 33317  d person or if there are no members, the sig	
activities and affairs:	Gerald T. McDonald  400 S. State Road 7  Plantation, FL 33317  d person or if there are no members, the sig	
activities and affairs:  . Signature of an authorize	Gerald T. McDonald  400 S. State Road 7  Plantation, FL 33317  d person or if there are no members, the sig	nature of the person appointed and lis

## 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:	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpora	tions) JUL
400 S. State Road 7	JULIZ AN
Plantation, FL 33317	
	TLORIDA
A claim against the above named limited liability company will be barred unless a proceeding claim is commenced within 4 years after the filing of this notice.	g to enforce the
Gerald T. McDonald	
Printed Name of the Person Filing Signature of the Person E	iling

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