L07006 116029

| (Re | equestor's Name) | |
|-------------------------|------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| . (Bu | siness Entity Na | me) |
| (Do | cument Number) |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



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T. HAMPTON 0CT - 7 2008

EXAMINER

COVER LETTER

TO:

Registration Section

| Division of Corporations | | |
|---|--|--|
| SUBJECT: FLYER BEE LLC (Name of Limited Liability Company) | | |
| (France of Bannes Basins, Company, | | |
| | | |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| | | |
| 440 | | |
| MONIKA STEFANIAK (Name of Person) | | |
| (c) | | |
| FLYERBEE LLC (Firm/Company) | | |
| (Firm/Company) | | |
| 1401 GRANT ST # ? | | |
| | | |
| | | |
| HOLLYWOOD, FL 33020 (City/State and Zip Code) | | |
| (Chyrotate and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| | | |
| MONIKA STEFANIAK at (954) 260-4304 (Area Code & Daytime Telephone Number) | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee 30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee. | | |
| Certificate of Status Certified Copy Certificate of Status & | | |
| (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | |
| | | |
| | | |
| MAILING ADDRESS: STREET/COURIER ADDRESS: | | |
| Registration Section Registration Section Division of Corporations Division of Corporations | | |
| P.O. Box 6327 Clifton Building | | |
| Tallahassaa El 32314 2661 Evacutiva Center Circle | | |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

| 1. The name of a limited liability company is | 2008 OCT -6 P 12: 11 |
|---|--|
| FLYERBEE LLC | |
| 2. The Articles of Organization were filed on | TALLAHASSEE, FLORIDA and assigned document number |
| | and assigned document number |
| L07000116029 | |
| 3. The date the dissolution was approved: 9-30 | |
| A description of occurrence that resulted in the limi 608.441, Florida Statutes, (copy 608.441 on back co | ted liability company's dissolution pursuant to section over letter). |
| FLYERBEE LLS IS TO BE | E DISSOLUED PURSUANT TO |
| SECTION 608, 441()(c) - TH | E WRITTEN CONSENT OF |
| ALL OF THE MEMBERS OF | THE LIMITED LIABILITY |
| COMPANY, AS SIGNED BE | |
| 5. CHECK ONE: | |
| OR- Adequate provision has been made for the | imited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been distrib rights and interests. | uted among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the com | pany in any court. |
| OR- Adequate provision has been made for the entered against it in any pending suit. | satisfaction of any judgment, order or decree which may be |
| | |
| Signatures of the members having the same percentage of | membership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| Mouth fly | MONIKA STEFANIAK |
| 0162 | ANNETTE FILECCI |
| | |
| | |
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FILING FEE: \$25.00