

L08000068876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

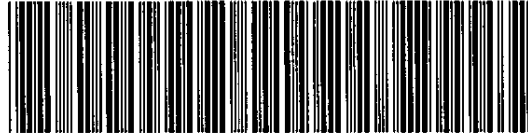
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/08/15--01022--007 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAY -8 PM 6:04
TALLAHASSEE, FLORIDA

COVER LETTER.

TO: Registration Section
Division of Corporations

SUBJECT: AET23 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:

William C Temple Jr.

(Name of Person)

RSI of Fla Inc.

(Firm/Company)

1750 NW 13th AVE

(Address)

Pompano Beach FL 33069

(City/State and Zip Code)

For further information concerning this matter, please call:

William C. Temple

(Name of Person)

at (954) 960-0724

(Area Code & Daytime Telephone Number)

Enclosed 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL 32301

15 MAR -8 PM 6:04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

1. The name of a limited liability company is

AET23 LLC

2. The Articles of Organization were filed on August 6th 2008 and assigned

document number LO8000068876

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)

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).

Closed business, no longer operational

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: William C Temple

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

William C. Temple

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: AET23 LLC

Document number of Limited Liability Company is: L08000068874

Date of dissolution was: 10/1/11

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

no clients or claims - nothing outstanding.

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

there are no outstanding claims.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

15 MAY - 8 PM 6:04

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.

William C. Temple

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

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