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(Re	equestor's Name)	
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(Åd	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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08 DEC 31 PM 2: 07

SECRETARY OF STATE
ALLAHASSEF, FINATE

D. BRUCE
JAN 0 5 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: FLY MV, 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:			
LIONEL BARTHELEMY (Name of Person)	-		
(Firm/Company) 11009 VIVIAN DR. (Address)	08 DEC SECRET		
HUNTS VILLE, AL 35810-1234 (City/State and Zip Code)	FILED DEC 31 PH 2: C RETARY OF STATE AHASSEE, FLORE		
For further information concerning this matter, please call: LIGNEL BARTHELEMY at (356) 859-2944 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:	f Status &		

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

1. The name of a limited liability company is	
FLYMV, LLC	
• / /	Ly 22, 2008 and assigned document number
3. The date the dissolution was approved: DECE	
	mited liability company's dissolution pursuant to section cover letter).
NON PERFORMANCE	
	70
	7. L. C. S. C. C. S. C.
	7AF CC SS 33
5. CHECK ONE:	SEE
-OR-	te limited liability company have been paid or discharged. 17 the debts, obligations and liabilities pursuant to 608.421.
	ibuted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the co	
entered against it in any pending suit.	ne 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
Leinal Bartalany	LIONEL BARTHELEMY
/	

FILING FEE: \$25.00