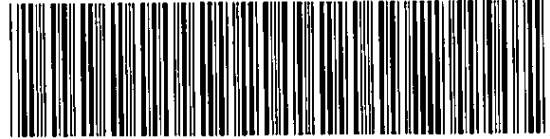


LO9000058439



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12/11/23--01009--007 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Glenayre Associates, 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:

Marcos R. Marchena, Esq.

(Name of Person)

Marchena and Graham, P.A.

(Firm/Company)

976 Lake Baldwin Lane, Suite 101

(Address)

Orlando, Florida 32814

(City/State and Zip Code)

For further information concerning this matter, please call:

Jahaida Sabater

(Name of Person)

at (407) 658-8566

(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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is Glenayre Associates, LLC
2. The Articles of Organization were filed on June 16, 2009 and assigned document number L09000058439
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2023
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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).
The consent of all members
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
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:

Lisa Holland

Signature

**Lisa Holland, Manager of Holland Family Holdings, LLC
as General Partner of Sheltair Aviation Services, LLLP**

Printed Name _____

FILING FEE: \$25.00

2023 DEC 11 PM 12:18
STATE OF FLORIDA
TALLAHASSEE, FL

77-10000-1