## 09000058936

(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



000162485850

11/30/09--01006--024 \*\*25.00

09 NOV 30 PM 1:34

T. HAMPTON

DEC-12009

EXAMINER

## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations			
SUBJECT: Proflight Simulations, LLC			•
SCHOLCI:	imited Liability Company)		<del></del>
The enclosed Articles of Dissolution and fee(s) are sul	bmitted for filing.		٠,
Please return all correspondence concerning this matter	er to the following:		
Michael Ortiz, Esq.	·		
	(Name of Person)		
Michael Ortiz, P.A.			
	(Firm/Company)		25 ·
1430 S. Dixie Hlghway,	Suite #321		
	(Address)		•
Coral Gables, FL 33146		*	•
(City	y/State and Zip Code)		
For further information concerning this matter, please	call:	e e	
Michael Ortiz	at 305 \ 665-5	5270	
(Name of Person)	(Area Code & Daytime		er)
Enclosed is a check for the following amount:			
\$25.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filin Certificate of S Certified Copy (additional cop	tatus &
MAILING ADDRESS: Registration Section	STREET/COU. Registration Sec		ESS:
Division of Corporations	Division of Corr		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Law Offices MICHAEL ORTIZ, P.A. 1430 S. DIXIE HIGHWAY SUITE 321 CORAL GABLES, FL 33146

TELEPHONE (305) 665-5270 FACSIMILE (305) 665-1112 E-MAIL LAWORTIZ@AOL.COM

November 25, 2009

By: U.S. Mail

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Proflight Simulations, LLC
Document No. L09000058936
Client File No. 937

To Whom It May Concern:

Enclosed please find Articles of Dissolution for a Limited Liability Company for the above named company.

In addition, I am enclosing a Michael Ortiz, P.A. check in the amount of \$25.00 covering the filing fee for the Dissolution.

Very truly yours,

MICHAEL ORTIZ, P.A.

Karen Øomez

Secretary

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FR.EN)
SECRETARY OF:STATE
DIVISION OF CORPORATIONS:

09 NOV 30 PM T: 34

1	
2. The Articles of Organization were filed on L09000058936	and assigned document number
3. The date the dissolution was approved: June 18	3, 2009
	nited liability company's dissolution pursuant to section cover letter).
5. CHECK ONE:	
All debts, obligations and liabilities of the	limited liability company have been paid or discharged.
	e debts, obligations and liabilities pursuant to s. 608.4421.
	buted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the com	npany in any court.
	e satisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage o	
	or membership interests necessary to approve the dissolution:
Signature	Printed Name
Signature	Printed Name
Signature Signature	
Signature Signat	Printed Name Eduardo Aguilar
Hunglast.	Printed Name  Eduardo Aguilar  Alvaro R. Fernandez