

LO9000117016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

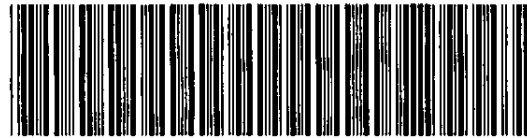
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600266168666

11/06/14--01008--015 **25.00

FILED

14 NOV -6 PM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 06 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVIOPARTS 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:

MANUEL FOJON

(Name of Person)

AVIOPARTS LLC

(Firm/Company)

7198 W 17 CT

(Address)

HIALEAH, FL 33014

(City/State and Zip Code)

FILED
14 NOV -6 PM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MANUEL FOJON

(Name of Person)

305

301-3300

at ()

(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

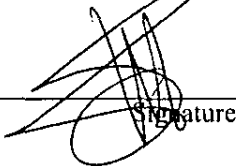
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
AVIOPARTS LLC
2. The Articles of Organization were filed on 12/07/2009 and assigned
document number L09000117016
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).
NO MORE ACTIVITY IN BUSINESS

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:

X


Signature

MANUEL FOJON

Printed Name

FILING FEE: \$25.00

14 NOV - 6 PM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED