L10000032309

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| | | | | |
| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
| · | | | | |
| Special landwesting to Filing Officer | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| , | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



900271581139

04/13/15--01037--015 **25.00

43011S

FILED

#15 APR 13 PM 12: 02

SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

| | egistration Section ivision of Corporations | | | |
|---|--|---|--|--|
| OUD IE OT | BWP AVIATION, LLC | | | |
| SUBJECT:(Name of Limited Liability Company) | | | | |
| | • | | | |
| The enclos | ed Articles of Dissolution and fee(s) are submitte | ed for filing. | | |
| Please retu | rn all correspondence concerning this matter to t | he following: | | |
| | Barbara W. Parker | | | |
| | | (Days) | | |
| | (Nam | e of Person) | | |
| | - CP | | | |
| | (Firm | n/Company) | | |
| | 3604 W Swann Avenue | | | |
| | (/ | Address) | | |
| | Tampa, FL 33609 | | | |
| | (City/Stat | e and Zip Code) | | |
| For further | information concerning this matter, please call: | | | |
| F | Petrina Whallen | 813 876-4840 | | |
| _ | (Name of Person) | (Area Code & Daytime Telephone Number) | | |
| Enclosed is | a check for the following amount: | | | |
| ✓ \$ 2 | 5.00 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

FILED 2015 APR 13 PM 12: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| 1. The name of a limited liability company is BWP AVIATION, LLC | The same of the total state of t |
|--|--|
| 2. The Articles of Organization were filed on 03 | 3/24/2010 and assigned |
| 2. The Articles of Organization were filed on | and assigned |
| document number L10000032309 | |
| 3. The delayed effective date the dissolution if no (effective date cannot be prior to | ot effective on the date of filing: 04/30/2015 or more than 90 days later than date document is received for filing) |
| | e limited liability company's dissolution pursuant to secti back cover letter). |
| The LLC has concluded its business. | The sole Member agrees to voluntarily |
| 5. If there are no members, enter the name and ac activities and affairs: | ddress of the person appointed to wind up the company's |
| | |
| 6. Signature of an authorized person or if there as listed above to wind up the company's activities a | re no members, the signature of the person appointed and and affairs: |
| Serbara H Park | Barbara W. Parker |
| Signature | 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: BWP AVIATION, LLC | | | | | | | | | | |
|--|----------------------------|--|--|--|---|--|--|--|--|--|
| Document number of Limited Liability Company is: Date of dissolution was: Description of information that must be included in a written claim: | | | | | | | | | | |
| | | | | | Any claim must contain a detailed description of the relationship and business dealings | | | | | |
| | | | | | that created the claim complete with supporting documentation and contact | | | | | |
| information to allow an appropriate review and response. When a claim is based on a | | | | | | | | | | |
| writing, a copy of the writing must be included with the claim. | <u> </u> | | | | | | | | | |
| | | | | | | | | | | |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) | SECRETARY TALLAHASSE | | | | | | | | | |
| Mrs. Barbara W. Parker | SSE S | | | | | | | | | |
| 3604 W Swann Avenue | | | | | | | | | | |
| Tampa, FL 33609 | PH 12: 02 PF STATE FLORIDA | | | | | | | | | |
| | D 10 | | | | | | | | | |
| | | | | | | | | | | |

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.

Barbara W. Parker

Printed Name of the Person Filing

Signature of the Person Filing

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