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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : SMALL BUSINESS RESOURCES USA, INC.  
Account Number : I20040000173  
Phone : (407)298-4646  
Fax Number : (407)297-0588

RECEIVED  
15 FEB -9 AM 10:00  
DIVISIONS  
BUREAU OF CORPORATE  
INFORMATION SERVICES

LLC DISSOLUTION OR WITHDRAWAL  
AVIELAS GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Avielas Group 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:

James K. Duerr, CPA

(Name of Person)

Small Business Resources USA, Inc.

(Firm/Company)

1601 Park Center Drive, Ste. 6A

(Address)

Orlando, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

James K. Duerr, CPA

(Name of Person)

at ( 407 ) 298-4646

(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

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

- 1. The name of a limited liability company is Avielas Group LLC
2. The Articles of Organization were filed on August 20, 2010 and assigned document number L10000087880
3. The delayed effective date the dissolution if not effective on the date of filing: Immediately
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). Pursuant to Florida Statute 605.0701(1)-(3), the Limited Liability Company is being dissolved upon the written consent of all of its 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:

\* [Handwritten Signature] Signature

Shawna L. Leiva Printed Name

FILING FEE: \$25.00

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