L11000134273

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nai | me) |
| (Do | ocument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600239610756

09/18/12--01007--008 **25.00

12 SEP 18 AH 10: 3

SECRETARY OF STATE
SECRETARY OF STATE
PICTURE

SEP 1 9 2012 T. HAMPTON

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: KALI COPILOT 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: |
| Jacqueline E. Manjone (Name of Person) |
| (Name of Person) |
| (Firm/Company) |
| |
| Easton PA 18040 |
| (Address) |
| Easton PA 18040 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: Jacqueline E Manjone Augustine F Manjone (Name of Person) at (954) 288-3055 (Area Code & Daytime Telephone Number) |
| (Name of Person) at (454) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & Certificate of Status & 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 SECRETARY OF STATE OF A LIMITED LIABILITY COMPANY

12 SEP 18 AH 10: 36

| 1. The name of a limited liability company is |
|---|
| KALI COPILOT LIC |
| 2. The Articles of Organization were filed on |
| 3. The date the dissolution was approved: SEPTEMBER 10, 2012. |
| 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter). |
| I, Jacqueline E. Manjone, Registered Agent and Sole member |
| I, Jacqueline E. Manjone, Registered Agent and Sole member of KALI COPILOT LIC, request to dissolve this Company Com |
| puisvant to section (1)(c) of 608,441, Florida Statutes |
| Also, I moved out of the state and there are no other Members 5. CHECK ONE: residing in the State of Florida. |
| 5. CHECKONE: 1231aing in the State of Florida. |
| All debts, obligations and liabilities of the limited liability company have been paid or discharged. |
| Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been distributed among its members in accordance with their respect rights and interests. |
| 7. CHECK ONE: |
| There are no suits pending against the company in any court. |
| Adequate provision has been made for the satisfaction of any judgment, order or decree which may entered against it in any pending suit. |
| signatures of the members having the same percentage of membership interests necessary to approve the dissoluti |
| Signature Printed Name |
| Josqueline E. Manjone Jacqueline E. Hanjone |
| , - <u>L</u> |
| |
| |
| |
| |