

L12000028135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

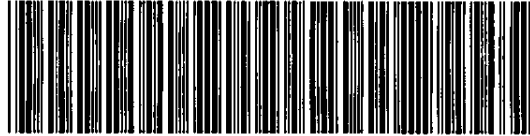
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



400267511454

12/19/14--01025--009 **25.00

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14 DEC 19 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aviation Innovations, 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 R. Day

(Name of Person)

Aviation Innovations, LLC

(Firm/Company)

101 SE 12th Curt

(Address)

Pompano Beach, FL 33060

(City/State and Zip Code)

For further information concerning this matter, please call:

James R. Day

(Name of Person)

954

292-0877

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
Aviation Innovations, LLC
2. The Articles of Organization were filed on February 28, 2012 and assigned
document number L12000028135
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014
(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).
Consent of all three Members to cease operations to pursue other opportunities.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: James R. Day
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:

Signature

James R. Day

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA