

L13000069460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2015 APR 13 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 27 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKY GYPSY BALLOONING
(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:

HECTOR CORDINAS

(Name of Person)

(Firm/Company)

275 E. VISTA RIDGE MALL DR #6214

(Address)

LEWISVILLE, TX 75067

(City/State and Zip Code)

For further information concerning this matter, please call:

TERI CORDINAS

(Name of Person)

at (352) 428 8944

(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

SKY GYPSY BALLOONING LLC

2. The Articles of Organization were filed on 5/13/2013 and assigned

document number L13000069460

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).

MOVED OUT OF STATE

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

TERI COROMINAS
275 E VISTA RIDGE MALL DR. #6214
LEWISVILLE, TX 75067

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:

Teri Corominas

Signature

TERI COROMINAS

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED