L14000009898

(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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16 MAY -2 PH 3: 37

2818 HAY -2 AH 10: 3

MAY 04 2016

S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Bay Aviation 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:

Katherine Powell

(Name of Person)

ML Real Estate Inc

(Firm/Company)

1810 W Kennedy Blvd

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Katherine Powell

_,813

280-8553

(Name of Person)

(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 16 MAY -2 PH 3: 37

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	. The name of a limited liability company is BAY AVIATION, LLC		
2.	The Articles of Organization	on were filed on $\frac{01/17/201}{}$	4 and assigned
	document number L140000	09898	-
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no listed as the document's effective date on the Department of State's records.		
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).		
	ALL MEMBERS HAVE MUTUALLY AGREED ON DISSOLUTION OF LLC.		
5.	If there are no members, en activities and affairs:	ter the name and address KENDRA GUSTAFSON	of the person appointed to wind up the company's
		1810 W KENNEDY BLVD, TAMPA, FL 33606	
		(813) 280-8553	
		KGUSTAFSON@CARE	ONCRAFT.COM
6. lis	Signature of an authorized pated above to wind up the con	person or if there are no r npany's activities and aff	nembers, the signature of the person appointed and airs:
	1,19		MARK E LEVEY
	Signature		Printed Name

FILING FEE: \$25.00