## 114000034208

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<del></del>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500316358525

05/03/18--01006--005 ••25.00

2010 AUG -3 PH 2: 42

D PRICE AUG 1 0 2018

## **COVER LETTER**

Registration Section

Division of Corporations

TO:

SUBJECT: SKV 870 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:	
Nemis Rosa	
(Name of Person)	
Principality	
(Firm/Company)	
3690 Lingel Road Hangal #	9
(Address)	1
Brea Kalon FL. 53431	
(City/State and Zip Code)	281 TAL
For further information concerning this matter, please call:	LORE .
Wice Front 31561, 394.	NG VEREN
(Name of Person) at (561) 094 - (Area Code & Daytime Teleph	hone Number), 5: Programme Sumbers, 5: State Sta
Enclosed is a check for the following amount:	景以 <b>2</b> € 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
\$25.00 Filing Fee and Certificate of Dissolution \$\Bigsig \$55.00 Filing Fee, Certificate of I	Dissolution &
Certified Copy (additional copy	is enclosed)
MAILING ADDRESS: STREET/COURIED Registration Section Registration Section	R ADDRESS:
Division of Corporations Division of Corporations	ions
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Cent	er Circle

Tallahassee, Fl. 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is SKY S40 LLC
2.	The Articles of Organization were filed on $2/27/21/2014$ and assigned
	document number <u>14000034208</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 120 2018 (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 not be 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).
	no longe activo
	A HOUSE
	SSS L
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	-3690 Lispoil Rd Hansar #9
	120C3 112ton, M. 55431
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Midaci P. Peork
	Signature Printed Name

FILING FEE: \$25.00