

L14 0000 64797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

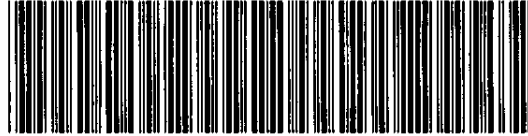
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR 14 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shree APR 24 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIVE WINGS
(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:

CHARLES SMITH
(Name of Person)

NATIVE WINGS LLC
(Firm/Company)

518 SUSAN DR.
(Address)

LAKELAND, FL. 33803.
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES SMITH at (863) 738-9755
(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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

NATIVE WINGS

2. The Articles of Organization were filed on APRIL 21st, 2014. and assigned

document number L14000064793

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).

LACK OF CAPITAL

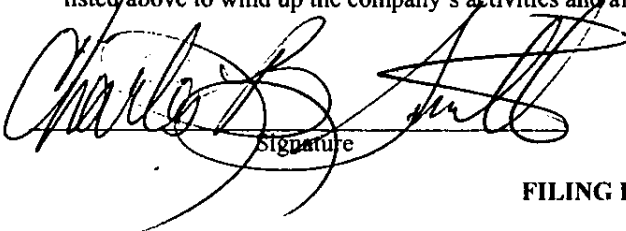
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

CHARLES SMITH

518 SUSAN DR.

LAKE LAND, FL. 33803.

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

CHARLES SMITH
Printed Name

FILING FEE: \$25.00

15 APR 14 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED