

L14000108031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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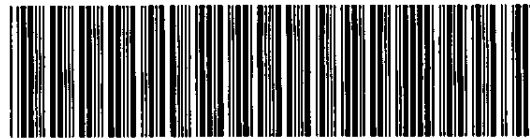
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 DEC 11 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Amercian Sky Florida, 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:

Stella Zhang

(Name of Person)

(Firm/Company)

200 South Biscayne Blvd Ste. 2790

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Stella Zhang

(Name of Person)

562

at ()

4955888

(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

American Sky Florida, LLC

2. The Articles of Organization were filed on 07/08/2014 and assigned

document number L14000108031

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).

Dissolution was approved by the shareholders. The number of votes cast for

dissolution was sufficient for approval.

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

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

Stella Zhang

Printed Name

FILING FEE: \$25.00

14 DEC 11 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED