

L14000145192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

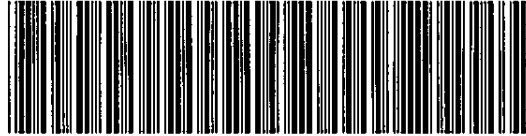
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2015 MAY 13 PM 3:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 20 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKY DRONES, 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:

GREGORY GOSNELL

(Name of Person)

SKY DRONES, LLC

(Firm/Company)

6022 FARLENDIA PLACE, SUITE 101

(Address)

MELBOURNE, FL 32940

(City/State and Zip Code)

For further information concerning this matter, please call:

GREG GOSNELL

(Name of Person)

at (321) 574-8099

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

SKY DRONES, LLC

2. The Articles of Organization were filed on SEPTEMBER 17, 2014 and assigned

document number L14000145192

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 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).

CHANGES IN REGULAR COMPLIANCE FOR PRODUCT USE A/D

NOT ALLOW FOR PRODUCT USE IN COMMERCIAL APPLICATIONS

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

GREGORY GOSNELL

P.O. Box 410253

MELBOURNE, FL 32941

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

GREGORY GOSNELL

Printed Name

FILING FEE: \$25.00

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ALLAHASSEE, FLORIDA