

U5000072075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/26/18--01044--012 **30.00

FILED

2018 DEC 17 AM 1:55

SECRETARY OF STATE
TALLAHASSEE, FL

Notice of
Diss
LTS
12-17-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SON COAST AVIATORS 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:

KENNETH R. ESTER

(Name of Person)

(Firm/Company)

1857 BIRMINGHAM BLVD

(Address)

PUNTA GORDA, FL 33980

(City/State and Zip Code)

2018 DEC 14 PM 12:29

For further information concerning this matter, please call:

KENNETH ESTER

(Name of Person)

at (612) 940-5010

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

ALREADY SENT SEE
LETTER ATTACHED

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2018

Kenneth R. Ester
Son Coast Aviators LLC
1857 Birmingham Blvd.
Punta Gorda, FL 33980

SUBJECT: SON COAST AVIATORS LLC
Ref. Number: L15000072075

We have received your document for SON COAST AVIATORS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted may only be filed separately if the Articles of Dissolution have been filed. Enclosed is the proper form to file the dissolution. The Notice of Dissolution may be submitted with the Articles of Dissolution at no extra charge.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Lyn Shoffstall
Bureau Chief

Letter Number: 518A00024664

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liability company is

SON COAST AVIATORS LLC

2018 DEC 17 AM 1:55

SECRETARY OF STATE
TALLAHASSEE, FL

2. The Articles of Organization were filed on 4/16/2015 and assigned

document number L 15000072075

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2018
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

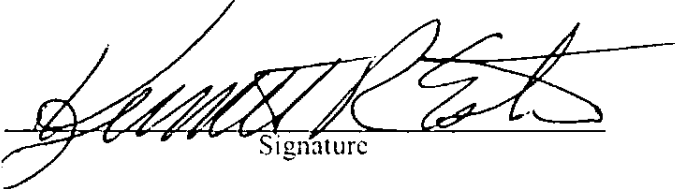
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

ALL ASSETS DISPOSED OF.

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

KENNETH R. ESTER
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: SON COAST AVIATORS LLC

Document number of Limited Liability Company is: L15000072075

Date of dissolution was: 12/31/2018

Description of information that must be included in a written claim:

NAME
ADDRESS
DATE
AMOUNT
PROOF

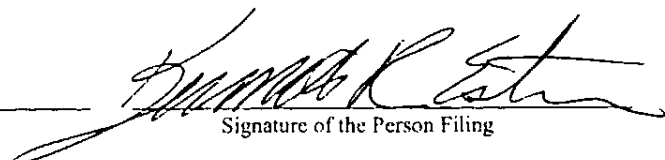
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1857 BIRMINGHAM BLVD
PUNTA GORDA, FL 33980

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

KENNETH R ESTER

Printed Name of the Person Filing


Signature of the Person Filing