

L15000 199102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

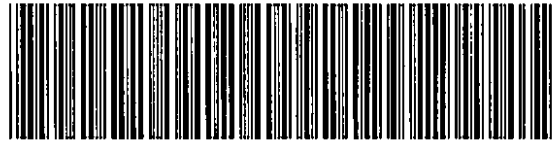
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/18/19--01007--009 **25.00

2019 MAR 13 PM 5:07

FILED

ALLS
Art Diss.
w/notice

MAR 27 2019
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKYDRADS, 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:

ARLEEN DAVILA

(Name of Person)

ADV ACCOUNTING & TAX SERVICES, LLC

(Firm/Company)

12701 S JOHN YOUNG PKWAY SUITE 209 A

(Address)

ORLANDO FL 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

ARLEEN DAVILA

(Name of Person)

at (407 641-0810)

(Area Code & Daytime Telephone Number)

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**

FILED
2019 MAR 18 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
SKYDRADS LLC

2. The Articles of Organization were filed on 11/25/2015 and assigned
document number L15000199102

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).
Per Operating Agreement rules for dissolution a call for the LLC members to vote to dissolve was made and a
majority decision agreed in the decision to dissolve.

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

Edward Chong

2007 Brancaster Circle

Ocoee FL 334761

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)

Edward Chong

Printed Name

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: SKYDRADS, LLC

Document number of Limited Liability Company is: L150000199102

Date of dissolution was: 03/15/2019

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

The LLC's obligations, liabilities, and debts that have been discharged or paid. And the LLC's remaining assets and property

have been distributed to the LLC's members according to their interests and rights. And LLC has no legal action pending

against it or that provision has been made to satisfy any order, decree, or judgment against in the LLC in any suit that is pending.

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

EDWARD CHONG

2007 BRANCASTER CIRCLE

OCOE, FL 34761

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.

EDWARD CHONG

Printed Name of the Person Filing



Signature of the Person Filing