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J. LEGGETT APR 0 3 20%

COVER LETTER

Division of Corporations
SUBJECT: DESIGN AIRE, LLC - CLOSEN (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please returnall correspondence concerning this matter to the following:
WILLIAM T. PARKER (Name of Person)
(Name of Person)
DESIGN AIRE LLC (Firm/Company)
(Firm/Company)
333 ROSEBUA CIRCLE
20014
FRANKLIN TO 37064 (City/Stafe and Zip Code)
For further information concerning this matter, please call:
LINDA PARKER a1 (6/5) 790-6003
(Name of Person) at (6/5) 790-6003 (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: STREET/COURIER ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

he name of a limited lial				
DESIGN	V AIRE, LLC			_·
he Articles of Organizat	ion were filed on JAN 9, 2	015? a	nd assigned	
locument number	0000'3943	TODAY	15: MRRCH	29,
The delayed effective date (effection of the last of t	e the dissolution if not effective of the dissolution if not effective of the date cannot be prior to or more than 9 in this block does not meet the applicate fective date on the Department of States	able statutory filing requ	4-1-201 ument is received for filing airements, this date will	$\frac{7}{3}$
05.0707 Florida Statutes	cc that resulted in the limited liab s, (copy 605.0707 on back cover le	oility company's disso etter).	olution pursuant to sec	ction
HEALTH	ISSUES			-
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l l	<u>.</u> .		wind up the company	MPR -2 PH 2:
l l	<u>.</u> .		wind up the company'	18 AFR -2 PH 2: 28
activities and affairs:	LINDA PA	ARKER		MPR -2 PH 2: 28
activities and affairs: Signature of an authorized	<u>.</u> .	ARKER		APR -2 PH 2: 28
activities and affairs: Signature of an authorized	d person or if there are no membe	ARKER		APR -2 PH 2: 28
activities and affairs: Signature of an authorized	d person or if there are no membe	ARKER		APR -2 PH 2: 28

FILING FEE: \$25.00