# 46000124130

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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#### **COVER LETTER →**

TO: Registration Section

**Division of Corporations** 

### Katz Aviation Holdings Services 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:

(Name of Person)		
(Firm	/Company)	
1301 E Broward BI	vd. STE 250	
(/	Address)	
Ft. Lauderdale, FL	33301	
(City/Stat	e and Zip Code)	

For further info

Javier Chipi, Esq.

(Name of Person)

(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 liabil	· · · · · · · · · · · · · · · · · · ·	3 OEC -2
2.	The Articles of Organization	n were filed on	and assigned
	document number L160001	24130	and assigned ex
3.	Note: If the date inserted in t		le statutory filing requirements, this date will not be
4.	A description of occurrence 605.0707. Florida Statutes, (	that resulted in the limited liabil copy 605.0707 on back cover let	ity company's dissolution pursuant to section ter).
	THE MEMBERS AND MANA	AGER HAVE PASSED A RESOL	UTION TO DISSOLVE THE COMPANY.
5	If there are no members, ent	er the name and address of the n	erson appointed to wind up the company's
<ul> <li>5. If there are no members, enter the name and address of the person appointed to wind activities and affairs:         Javier Chipi, Esq.         1301 E Broward Blvd. Ste 250     </li> </ul>		erson appointed to wind up the company's	
		Ft. Lauderdale, FL 33301	
6. lis	Signature of an authorized parted above to wind up the con	person or it there are no members apany's activities and affairs:	the signature of the person appointed and
_		JAVIE	R CHIPI, ESQ.
	Signature		Printed Name

**FILING FEE: \$25.00** 

#### 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: Katz AVI	ation Holdings Services LLC
Document number of Limited Liability Company is:	L16000124130
Date of dissolution was: 12/15/2019	
Description of information that must be included in	a written claim:
Name, address, description o	f claim, and
supporting documents.	
	1-1,111-1
Mailing address where claims can be sent: (Claims of	cannot be sent to the Division of Corporations)
1301 E Broward Blvd. St	e 250
Ft. Lauderdale, FL 33301	
A claim against the above named limited liability co claim is commenced within 4 years after the filing o	mpany will be barred unless a proceeding to enforce the f this notice.
Javier Chipi, Esq.	The state of the s
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00