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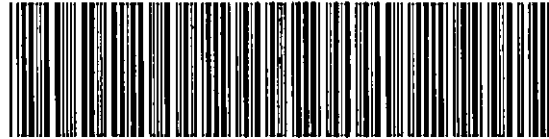
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Coastal Aviation, 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:

Kevin Porter

(Name of Person)

(Firm/Company)

823 E 22nd Ave

(Address)

New Smyrna Beach, FL 32169

(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Porter

(Name of Person)

at 321 377-2563

(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 liability company is

Florida Coastal Aviation, LLC

2. The Articles of Organization were filed on May 7, 2018 and assigned

document number L18000114339

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).

Withdrawal of Kevin Porter, Authorized Person, from Florida Coastal Aviation, LLC.

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

Anthony Llanos

2557 Brookline Ave.

New Smyrna Beach, FL

32168

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TALLAHASSEE, FL
STATE

FILED

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

Kevin Porter

Printed Name

FILING FEE: \$25.00