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	(Requestor's Name)			
	(Address)			
(Address)				
	(City/State/Zip/Phone #)			
PICK-UI	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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COVER LETTER

TO:

Registration Section Division of Corporations

Airliners International 2019 Atlanta 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)	
11738 De	lwick Drive	
	(Address)	
Winderme	ere, FL 34786	
·	(City/State and Zip Code)	

For further information concerning this matter, please call:

William M. Demarest 407 496-9668

(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 lia	bility company is				
Airliners International 2019	9 Atlanta LLC				
2. The Articles of Organiza	on were filed on May 18, 2018 and assigned				
document number L1800	0125754				
(enec	in this block does not meet	effective on the date of filing: October 1, more than 90 days later than date document is red the applicable statutory filing requirements, ment of State's records.	cived for titing)	ot b	
4. A description of occurred 605.0707, Florida Statute		mited liability company's dissolution puck cover letter).	rsuant to secti	ion	
LLC established for a one-t	ime aviation historical mee	eting in June 2019, LLC no longer required.	1385	 	
			A	-	
			5H 1	2	
5. If there are no members, activities and affairs:	enter the name and addr William M. Demares	ress of the person appointed to wind up that	he company's		
	11738 Delwick Drive	e			
	Windermere FL 3478	86			
6. Signature of an authorize listed above to wind up the	ed person or if there are a company's activities and	no members, the signature of the person daffairs:	appointed and	I	
Wa M Zamaret		William M. Demarest			
Signature		Printed Name			

FILING FEE: \$25.00