

L19000157241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

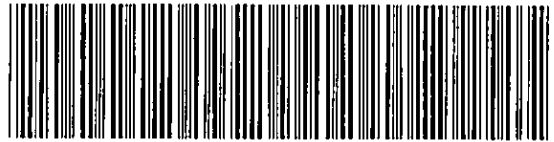
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 SEP 23 AM 10:28

TALLAHASSEE, FLORIDA

RECEIVED

2024 SEP 23 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 09/23/2024
Acc#120160000072

en: c DW

Name:	Vermantha Aviation LLC
Document #:	
Order #:	15883133

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

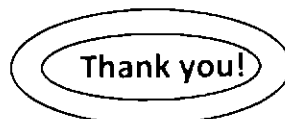
Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
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Availability _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00



ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2024 SEP 23 AM 10:28

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Vermantha Aviation LLC

2. The Articles of Organization were filed on June 24, 2019 and assigned

document number 119000157241

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).

By written consent of the Member, the Company has elected to dissolve and wind up its affairs.

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

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:

J. Kalleekal
Signature

Joyce Kalleekal
Printed Name

FILING FEE: \$25.00