

L19000202711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

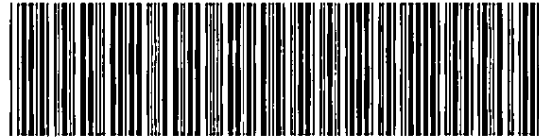
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/05/21--01018--018 **25.00

2022 APR -5 PM 5:39

O SIMMONS

JUN 04 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYBER AIR 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:

DAVID STRONG

(Name of Person)

QUALITY FINANCIAL SERVICES INC

(Firm/Company)

209 DUNLAWTON AVE., SUITE 14

(Address)

PORT ORANGE, FL 32127

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID STRONG

(Name of Person)

386

761-7855

at ()

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

2022 APR -5 PM 5:39

1. The name of a limited liability company is
CYBER AIR LLC
2. The Articles of Organization were filed on AUGUST 8, 2019 and assigned
document number LI9000202711
3. The delayed effective date the dissolution if not effective on the date of filing: 3/23/2021
(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).
Closed Business / Covid
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Ray Montell
1889 De Rosa, R.D.
Polk City FL 33868
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:

Raymond T. Montell
Signature

RAYMOND MONTELL
Printed Name

FILING FEE: \$25.00