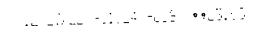
L19000213152

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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A. RIVERS MAR - 8 2023

COVER LETTER

TO:		ration Section on of Corporations	<i>!</i>	$\frac{d}{dt} = \frac{dt}{dt} = \frac{dt}{dt}$		
SUBJ	ECT: _	Aileron Winter				
		(Name of Limi	ited Liability Compa	iny)		
The e	nclosed A	rticles of Dissolution and fee(s) are submi	itted for filing.			
Please	e return al	correspondence concerning this matter to	the following:			
		Chris Salemi				
		(Na	me of Person)	·		
	Aileron Capital Management, LLC					
	(Firm/Company)					
		3401 West Cypress Street, Suite 201				
	(Address)					
		Tampa, F1 33607				
		(City/St	ate and Zip Code)			
For fu	rther info	rmation concerning this matter, please cal	1:			
	Chris	Salemi	813 at (9062886		
		(Name of Person)		ode & Daytime Telephone Number)		
Enclos	sed is a chec	ck 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:		Street Address				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is Aileron Winter Park, LLC The Articles of Organization were filed on 08/20/2019 and assigned
The Articles of Organization were filed on $\frac{08/20/2019}{}$ and assigned
document number <u>L19000213152</u>
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.
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).
This was a SPE to hold certain assets, which have been liquidated/sold and all obligations, if any, have been
paid. The company is no longer active and has no employees, zero assets and zero liabilities.
2 DE -
If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
의 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
Robert K. Beard Signature Printed Name

FILING FEE: \$25.00