

L19000213772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

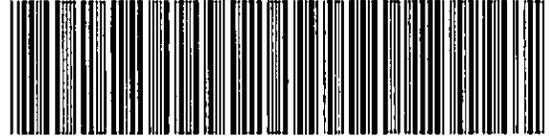
(Business Entity Name)

(Document Number)

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10/27/22 10:10:10 AM

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2022 DEC 27 AM 11:10  
SEC. OF STATE  
ART. REGISTRATION DIV.

A. RIVERS  
MAR - 8 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Aileron Lake Wales, 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:

Chris Salemi

\_\_\_\_\_  
(Name of Person)

Aileron Capital Management, LLC

\_\_\_\_\_  
(Firm/Company)

3401 West Cypress Street, Suite 201

\_\_\_\_\_  
(Address)

Tampa, FL 33607

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Salemi

813

9062886

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(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 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**

1. The name of a limited liability company is  
Aiteron Lake Wales, LLC
2. The Articles of Organization were filed on 08/21/2019 and assigned  
document number L19000213772
3. The delayed effective date the dissolution if not effective on the date of filing: 08/21/2019  
(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).  
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.

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

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2019 OCT 27 AM 11:10  
STATE OF FLORIDA  
TALLAHASSEE

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:

Robert K Beard  
Signature

Robert K. Beard  
Printed Name

**FILING FEE: \$25.00**