## L19000270251

Jurge Chall Perez (Reguestor's Name)
Caribe Air Traul
1531 Eloise C+ (Address)
Poinciana, Fl. 34759 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200408009792

M 41 11 11114 117 4 11 4.

SEUNT IKRY OF STATE FALLAHASSEE, FLORIDA

DES HAY -8 AMII:

## STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605,0708. Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

i.	The name of the company is:
2.	1,19000270251 The document number of the company is
3.	The effective date the Dissolution was filed is
4.	05/02/2023 The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached.
	Signature of person authorized to submit the revocation of dissolution

Filing Fee:

\$100.00

Certified Copy: \$30.00 (optional)

MAY -8 AMIL: 2

CR2E132 (10/15)

## FILED Apr 27, 2023 Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

CARIBE AIR TRAVEL LLC

The document number of the limited liability company: L19000270251

The file date of the articles of organization: October 29, 2019

The effective date of the dissolution if not effective on the date of filing: April 27, 2023

A description of occurance that resulted in the limited liability company's dissolution:

I CANNOT CONTINUE WITH THE BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:

LILIANA SERVIN 1529 ELOISE CT POINCIANA, FL 34759

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: LILIANA SERVIN

Electronic Signature of authorized person