L20.000052625

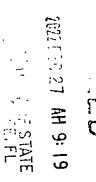
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

	on of Corporations	•
SUBJECT: _	Aileron Yule	e, LCC
	(Name of Limit	ted Liability Company)
	Articles of Dissolution and fee(s) are submi-	
Please return a	Il correspondence concerning this matter to	the following:
	Chris Salemi	
	(Na	me of Person)
	Aileron Capital Management, LLC	
	(Fir	m/Company)
	3401 West Cypress Street, Suite 201	
		(Address)
	Tampa, Fl 33607	
	(City/St	ate and Zip Code)
For further info	ormation concerning this matter, please call	l.
Chris	Salemi	813 9062886
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a che	eck 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)
	ng Address:	Street Address:
_	stration Section sion of Corporations	Registration Section Division of Corporations
	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

ED

۱.	The name of a limited liability company is Aleron Pulce, LLC
2.	The Articles of Organization were filed on 02/14/2020 and assigned
	document number <u>L2000</u> 0052625
3.	The delayed effective date the dissolution if not effective on the date of filing: 02/14/2020 (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 The company is no longer active and has no employees, zero assets and zero liabilities.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:
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:
	Probert K Beard Signature Robert K Beard Printed Name

FILING FEE: \$25.00