



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SKY CHARTING 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:

GLEN C STANFORD

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

SKY CHARTING LLC

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

5818 GLENCOVE DR. APT 105

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

NAPLES, FL 34108

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

For further information concerning this matter, please call:

GLEN C STANFORD

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

239

2932025

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**

1. The name of a limited liability company is  
SKY CHARTING LLC

2. The Articles of Organization were filed on 08/23/2023 and assigned  
document number L23000396593

3. The delayed effective date the dissolution if not effective on the date of filing: 08/18/2023  
(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).  
THE CONSENT OF ALL THE MEMBERS.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2024 MAR -6 PM 5:25  
STATE  
TALLAHASSEE FLORIDA

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:

  
Signature

GLEN CHARLES STANFORD  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Sky Charting LLC

Document number of Limited Liability Company is: L23000396593

Date of dissolution was: 02/20/2024

Description of information that must be included in a written claim:

CLAIMANT'S FULL NAME AND MAILING ADDRESS

CLAIMANT'S CONTACT INFORMATION

CLAIMANT'S RELATIONSHIP TO THE LLC

ADDITIONAL DETAILS REGARDING THE CLAIM(S)

SUPPORTING DETAILS PROVING THE LLC LIABLE AND RESPONSIBLE FOR SUCH CLAIM(S)

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

GLEN CHARLES STANFORD

IN REGARDS TO SKY CHARTING LLC

5818 GLENCOVE DR, APT 105

NAPLES, FL 34018

FILED  
2024 MAR -6 PM 5:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GLEN CHARLES STANFORD

Printed Name of the Person Filing



Signature of the Person Filing