## 193000000451

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
<b>!</b>		





800057580348

07/25/05--01014--012 \*\*25.00

L43-451

## TRANSMITTAL LETTER

; RAISHIIIAD LEITER
TO: Registration Section Division of Corporations
SUBJECT: DPAero, L.C. (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:
John W. Puffer, III (Name of Person)
(Firm/Company)
Tompa Florida 33611  (City/State and Zip Code)
(Address)
Tampa Florida 33611
(City/State and Zip Code)
For further information concerning this matter, please call:
John W. Puffer, Im at (813), 263-8436  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy (additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \text{Certified Copy (additional copy is enclosed)}\$\$ \$ \$60.00 Filing Fee, \text{Certified Copy (additional copy is enclosed)}\$\$ \$ \$ \$60.00 Filing Fee, \text{Certified Copy (additional copy is enclosed)}\$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is _	DP Aero, L.C
2. The effective date of the limited liability comp	any's dissolution is December 31, 2003
3. A description of the occurrence that resulted in 0section 608.441, Florida Statutes, (copy of 60	n the limited liability company's dissolution pursuant to 8.441 on back of cover letter).
all members of the lin	mtod liability Company
4. &HECK ONE:	
	ited liability company have been paid or discharged.
	ets, obligations and liabilities pursuant to s. 608.4421.
<ol> <li>All remaining property and assets have been direspective rights and interests.</li> </ol>	istributed among its members in accordance with their
6. CHECK ONE: There are no suits pending against the compan-OR-	y in any court.
<del></del>	sfaction of any judgment, order or decree, which may
Signatures of the members having the same perce dissolution:	entage of membership interests necessary to approve the
Signature De Volta V. Poffer & De Wass	Typed or Printed name  John W. Pufform  William O. De Weese
**************************************	

Filing Fee: \$25.00