

PO5000144981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

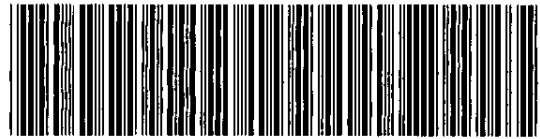
(Document Number)

Certified Copies _____

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02/04/09--01012--028 **35.00

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2009 MAR 10 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TB

3/10/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Company

DOCUMENT NUMBER: P05000144981

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christy McClellan

(Name of Contact Person)

(Firm/Company)

2504 NE 22nd PL

(Address)

Cape Coral, FL 33909

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew McClellan

(Name of Contact Person)

at (239) 297-2977

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2009

CHRISTY MCCLELLAN
2504 NE 22ND PL
CAPE CORAL, FL 33909

SUBJECT: AEROVENT, INC.
Ref. Number: P05000144981

We have received your document for AEROVENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 709A00004636

RECEIVED
2009 MAR 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Aerovent, Inc.

SECOND: The document number of the corporation (if known): P05000144981

THIRD: The date dissolution was authorized: 01/31/2009

Effective date of dissolution if applicable: 12/31/2008

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Christy McClellan

(Typed or printed name of person signing)

RA

(Title of person signing)

Filing Fee: \$35

FILED
2009 MAR 10 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA