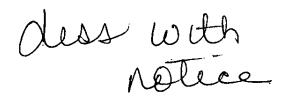
# P11000106416

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Ви	ısiness Entity Nar	ne)
. (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

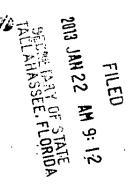




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### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2013

Jane C. Hocker Nurones 2150 South Ocean Blvd 7-H Delray Beach, FL 33483

SUBJECT: NUDRONES AEROSPACE LABORATORIES, INC.

Ref. Number: P11000106416

We have received your document for NUDRONES AEROSPACE LABORATORIES, 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):

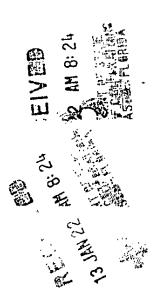
The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed

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) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 913A00000501



# **COVER LETTER**

<b>ΓO:</b> Amendment Section
Division of Corporations
SUBJECT: Dissolve Nudrones Aerospacelos, Inc
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)  (Name of Contact Person)  (Name of Contact Person)  (Name of Contact Person)  (Firm/Company)  (Firm/Company)
(Name of Contact Person)
NUDRONES AEROSPACE LABORTORIES, TO
(Firm/Company)
2150 South Ocean BLVD 7-H_ (Address)
(Address)  Delray Beach, 1-L 33483  (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (6/5) 828-4679  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee,  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations  STREET ADDRESS: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

### ARTICLES OF DISSOLUTION

FILED

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articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: The document number of the corporation (if known): SECOND: The file date of the articles of incorporation: \_\_\_ THIRD: FOURTH: (CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed SIXTH: to the shareholders, if shares were issued.

Adoption of Dissolution (CHECK ONE)

SEVENTH:

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the

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.)

☐ A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

(Typed or printed name of person signing)

(Title of Person Signing)

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

ame of Corporation: Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.  A voluntary dissolution.  A voluntary dissolution.
nte of dissolution will be the date the dissolution is filed with the Department of State or as ecified in the Articles of Dissolution.
escription of information that must be included in a claim:
NONE
ailing address where claims can be sent: (Claim) cannot be sent to the Division of Corporations)
claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced ithin 4 years after the filing of this notice.