

P99000060887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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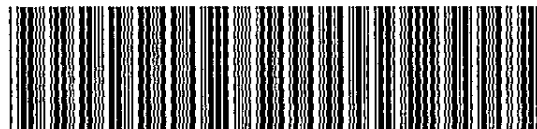
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 04 2006

Dis

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Avion & Associates, Inc

DOCUMENT NUMBER: P99000060887

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

Please return all correspondence concerning this matter to the following:

Gary Rogers

(Name of Contact Person)

(Firm/Company)

P.O. Box 7526

(Address)

Naples, FL 34101

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Rogers

(Name of Contact Person)

at (239) 261-8500

(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

12/31/05

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

P99000060887

Dec 22, 2005

Dec 31, 2005

(no more than 90 days after dissolution file date)

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 of 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)

Gary A. Rogers

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
05 DEC 27 PM 3 32
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TALLAHASSEE FLORIDA