

L21000305472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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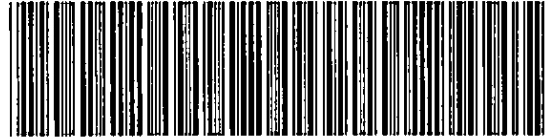
(Business Entity Name)

(Document Number)

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A. RIVERS

MAR - 8 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aileron Monrovia, 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:

Chris Salemi

(Name of Person)

Aileron Capital Management, LLC

(Firm/Company)

3401 West Cypress Street, Suite 201

(Address)

Tampa, FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Salemi

813

9062886

at ()

(Name of Person)

(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

Aileron Monrovia, LLC

2. The Articles of Organization were filed on 07/02/2021 and assigned

document number L21000305472

3. The delayed effective date the dissolution if not effective on the date of filing: 07/02/2021
(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).

This was a SPE to hold certain assets, which have been liquidated/sold and all obligations, if any, have been

paid. The company is no longer active and has no employees, zero assets and zero liabilities.

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

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:

Robert K. Beard

Signature

Robert K. Beard

Printed Name

FILING FEE: \$25.00