Division of Corporations Electronic Filing Cover Sheet

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(((H140002633873)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number: I20020000094 Phone

: (770)777-2091

: (770)220-1943

DISS/TERM/CANCEL/REV OF LP/LLP

EIRST STATES INVESTORS 3009, LIMITED PARTNERSHIF

Certificate of Status	0
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Estimated Charge	\$105.00

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FIRST STATES INVESTORS 3009, LIMITED PARTNERSHIP (Name of Florida Limited Partnership or Limited Liability Limited Partnership)

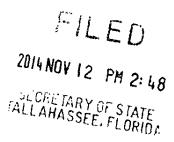
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mary Paris			
	(Contact Person)		
Triad Professional Se	ervices		
	(Firm/Company)		
1720 Windward Park	way, Suite 390		
· · · · · ·	(Address)		
Alpharetta, GA 3000	5		
	(City, State and Zip Code)		
For further informa Mary Paris	tion concerning this m	· •	7 2091
(Name of Contact Person)		(Area Code and Daytime Telephone Number)	
Enclosed is a check	for the following amo	unt:	
\$52.50 Filing Fee	\$61,25 Filing Fee and Certificate of Status	☑ \$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Cornerations		Division of Corporations	

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

P. O. Box 6327 Tallahassee, FL 32314



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CERTIFICATE OF DISSOLUTION FOR

	attorship or Limited Liability Limited Partnership)
partnership or limited liability limit Florida Department of State on 11/2	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 21/2002, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
The consent of all general partners and	d of all limited partners
SECOND: A Notice of Disso (Check box if atta	
THIRD: Effective date, if other than the	date of filing:
(Effective date cannot be prior to nor more Depuriment of State.)	e than 90 days after the date this document is filed by the Plorida
Signatures of each general partner of s. 620:1803(3) or (4), F.S.:	or the person appointed pursuant to
First States Investors 3009, LL	.c
David E. Snyder, CFO	<u> </u>
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75