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LLC

Registration Section
Division of Corporations

TO:

SUBJECT: TEPPER 12	C TEDWARDS Properties	
(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:	
Ton EDWADS (Name of	,	
·	of Person)	
TEDWARDS D		
TEDUARDS Properties, LLC (Firm/Company)		
(Firm/C	Company)	
1392 NE Rocky Spr	dress)	
1392 NE Rocky Spr. (Add Marison, FL 323 (City/State)	And Zip Code)	
For further information concerning this matter, please call:		
TOM EDWARDS	at (SD) 545-8880	
(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:	STREET/COURIER ADDRESS:	
Registration Section	Registration Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
I E Proportion TE	DWARDS Properties, LLC.
2. The Articles of Organization were filed on9	12 2000 and assigned
document number <u>L00000010944</u>	<i>,</i>
3. The delayed effective date the dissolution if not effe (effective date cannot be prior to or more Note: If the date inserted in this block does not meet the listed as the document's effective date on the Department	e than 90 days later than date document is received for filing) applicable statutory filing requirements, this date will not be
4. A description of occurrence that resulted in the limit 605.0707, Florida Statutes, (copy 605.0707 on back of	
No Lonber Exists	
·	
5. If there are no members, enter the name and address activities and affairs:	• • • •
1392 NE	Rocky sprines Church Rd
MAdison	FL 32340
6. Signature of an authorized person or if there are no r listed above to wind up the company's activities and af	nembers, the signature of the person appointed and fairs:
ASI 0	Im FNIAM
Signature	Printed Name

FILING FEE: \$25.00