

1012 N Street, N.W.  
Washington, DC 20001

# L00000013539

## TCG Development Services, LLC.

September 19, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

800004608648--6  
-09/24/01--0111--003  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

Dear Sir or Madam:

Attached please find a completed form to dissolve a Florida limited liability company, Washington Ridge Senior Village, LLC.

The contact person is David Freed, and his phone number during the day is 202/667-3002 ext. 116.

The name and address of the person to whom the acknowledgment should be addressed is:

David Freed  
TCG Development Services, LLC.  
1012 N Street, NW  
Washington, D.C. 20001

Thank you with your assistance with this dissolution.

Sincerely,



David Freed  
Program Manager

Attachment

FILED  
01 SEP 24 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L00-13539  
af

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**ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is WASHINGTON RIDGE  
SENIOR VILLAGE, LLC

2. The effective date of the limited liability company's dissolution is 9/17/01

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to  
Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).  
Dissolution upon the written consent  
of the sole member of the  
limited liability company.

4. **CHECK ONE:**

- All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-
- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **CHECK ONE:**

- There are no suits pending against the company in any court.  
-OR-
- Adequate provision has been made for the satisfaction of any judgment, order or decree, which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature  
*Jaime Borden*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Typed or Printed name  
Jaime Borden  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
01 SEP 24 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA