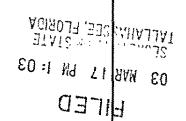
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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status	_	
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FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 03-17-03

NAME: MERRITT HOUSING STONEHEARST, LLC

TYPE OF FILING: ARTS. OF DISSOLUTION

COST: Check # 1100 FOR \$25.00 is attached.

RETURN:

ACCOUNT. FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

I. The name of the limited liability company is Merritt Housing Stonehearst, L.L.C.		
	是	
2. The effective date of the limited liability com	pany's dissolution is Upon Filing	
3. A description of the occurrence that resulted 0section 608.441, Florida Statutes, (copy of 6	in the limited liability company's dissolution pursuant to 08.441 on back of cover letter).	
Company no longer expects to engage in a	any further business.	
-OR-	nited liability company have been paid or discharged. bts, obligations and liabilities pursuant to s. 608.4421.	
·	distributed among its members in accordance with their	
6. CHECK ONE:There are no suits pending against the compa -OR-	ny in any court.	
	isfaction of any judgment, order or decree, which may	
Signatures of the members having the same perc dissolution:	entage of membership interests necessary to approve the	
Signature	Typed or Printed name	
Milsh	By: Michael Hartman, as Member	
	of Merritt Housing GP, LLC, as	
	Sole Member of Merritt Housing	
	Stonehearst, L.L.C.	

Filing Fee: \$25.00