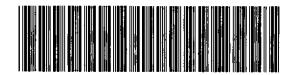
L02000004527

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phon	e #)
	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE
DIVISION OF CORPURATIONS

J. HARRIS

COVER LETTER

TO:		istration Section ision of Corporations				
CHDI	ect.	FFWP, LLC				
(Name of Limited Liability Company)						
The en	closed	d Articles of Dissolution and fee(s) are submitte	d for filing.			
Please	return	all correspondence concerning this matter to the	ne following:			
		Colleen J-McNamara				
		(Namo	e of Person)			
(Firm/Company)						
	2201 N Lakeside Drive					
		(A	ddress)			
		Lake Worth, FL 33460				
		(City/State	e and Zip Code)			
For fur	ther i	nformation concerning this matter, please call:				
	Co	olleen McNamara	561	242-0100		
		(Name of Person)		de & Daytime Telephone Number)		
Enclose	ed 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		EET/COURIER ADDRESS: tration Section		
		Division of Corporations P.O. Box 6327	Divis	ion of Corporations on Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on 2/25/02 and assigned document number L02000004527 3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) 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). The limited liability company has disposed of substantially all of its assets, which is an event specified in the Operating Agreement in which the company is to be dissolved. 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: Colleen J McNamara Signature Printed Name FILING FFE: \$25.00	1.	The name of a limited liability company is FFWP, LLC			
3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) 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). The limited liability company has disposed of substantially all of its assets, which is an event specified in the Operating Agreement in which the company is to be dissolved. 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: Colleen J McNamara Signature Colleen J McNamara Printed Name	2.	The Articles of Organization were filed on 2/25/02 and assigned			
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605.0707, Florida Statutes, (copy 605.0707 on back cover letter). The limited liability company has disposed of substantially all of its assets, which is an event specified in the Operating Agreement in which the company is to be dissolved. 5. If there are no numbers, 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: Colleen J McNamara Signature Printed Name	3.	The delayed effective date the dissolution if not effective on the date of filing:			
event specified in the Operating Agreement in which the company is to be dissolved. 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: Colleen J McNamara Signature Colleen J McNamara Printed Name	4.	05.0707, Florida Statutes, (copy 605.0707 on back cover letter).			
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: Colleen J McNamara Printed Name		event specified in the Operating Agreement in which the company is to be dissolved.			
Mulana Colleen J McNamara Signature Printed Name	5.	•			
Signature Printed Name	6. lis	$y_1 \cap y_2 \rightarrow y_1$			
	<u> </u>				