L020000/3254

(Req	juestor's Name)			
. (Add	Iress)			
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(City	/State/Zip/Phon	e #)		
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SECRETARY OF STATE
AND AM ASSEE, FLORIO

EXAMINER

COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	CT: GUARDI	AN SOUTHRIDGE POINTE H	IOLDINGS, LLC	
		(Name of Li	mited Liability Company)	
		f Amendment and fee(s) are su	_	SECTION IN TALL
Please r	eturn all corresp	condence concerning this matte	r to the following:	09 APR 10 AM 11:54 SECRETARY OF STATE ALLAHASSEE, FLORID
	NATA	LIE A. WEBB		EO A
		(Name of Person)	F STAT
	TARR	AGON CORPORATION		RED.
			(Firm/Company)	
	3100 N	MONTICELLO AVE., STE. 20	0	
			(Address)	
	DALL	AS, TX 75205		
	-	(City	/State and Zip Code)	
For furt	ther information	concerning this matter, please	call:	
	NATALIE WI	ЕВВ	at (_214) 599-223	33
		(Name of Person)	(Area Code & Daytime	e Telephone Number)
Enclose	d is a check for th	e following amount:		
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi Divi P.O.	ILING ADDRESS: Istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

and assigned document number of the section and assigned document numbers.
ny's dissolution pursuant to section
ny's dissolution pursuant to section
ny's dissolution pursuant to section
npany have been paid or discharged.
and liabilities pursuant to s. 608.4421.
mbers in accordance with their respectiv
judgment, order or decree which may be
ests necessary to approve the dissolution
Printed Name
Printed Name· RYN MANSFIELD, EVP & Secretary
RYN MANSFIELD, EVP & Secretary
RYN MANSFIELD, EVP & Secretary
RYN MANSFIELD, EVP & Secretary
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FILING FEE: \$25.00