

L020000024548

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL
WINDWARD GP, L.L.C.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

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15 APR 29 AM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REC'D
15 APR 29 AM 10:00
INFORMATION SERVICES

APR 30 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Windward OP, L.L.C.
(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:

Dot Dallas

(Name of Person)

Windward OP, L.L.C.

(Firm/Company)

2 Ponds Edge Drive

(Address)

Chadds Ford, PA 19317

(City/State and Zip Code)

For further information concerning this matter, please call:

Dot Dallas

(Name of Person)

610

335-1825

at

(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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Windward GP, L.L.C.
2. The Articles of Organization were filed on 09/19/2002 and assigned
document number L02000024548
3. The delayed effective date the dissolution is not effective on the date of filing: N/A
(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).
Written consent of all members to dissolve the limited liability company.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Denise M. Doyle
do Brandywine Financial Services
P.O. Box 999
Chadds Ford PA 19317
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:

Denise M. Doyle
Signature
Authorized Individual

Denise M. Doyle
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 29 AM 7:09

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