

L020000031303

**Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : J20G20000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

**LLC DISSOLUTION OR WITHDRAWAL
FIRST STATES INVESTORS 3009, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

14 NOV 12 AM 10:00

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14 NOV 12 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOV 13 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST STATES INVESTORS 3009, LLC
(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:

Mary Paris

(Name of Person)

Triad Professional Services

(Firm/Company)

1720 Windward Concourse, Suite 390

(Address)

Alpharetta, GA 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Paris

(Name of Person)

at (770) 777-2091

(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:

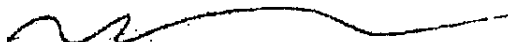
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
FIRST STATES INVESTORS 3009, LLC
2. The Articles of Organization were filed on 11/21/2002 and assigned
document number L02000031303
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 consent of the sole member

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:



Signature

David E. Snyder, Chief Financial Officer

Printed Name

FILING FEE: \$25.00

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