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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : TRIAD PROFESSIONAL SERVICES,  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

**LLC DISSOLUTION OR WITHDRAWAL  
FIRST STATES INVESTORS 3090, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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Corporate Filing Menu

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**J. BRYAN**

DEC 11 2012

**EXAMINER**

RECEIVED  
12 DEC 10 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2012 DEC 10 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

2012 DEC 10 AM 8:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
First States Investors 3090, LLC

2. The Articles of Organization were filed on December 13, 2004 and assigned document number  
L04000089776

3. The date the dissolution was approved: 3-6-12

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
608.441, Florida Statutes, (copy 608.441 on back cover letter).

The written consent of all of the members of the limited liability company

5. CHECK ONE:

- ☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

[Handwritten Signature]

Printed Name

EDWARD J. MATEY, Authorized Representative

FILING FEE: \$25.00