

LOS000013738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

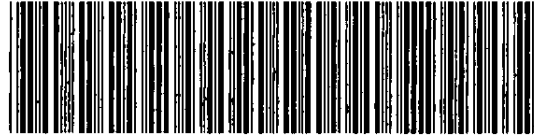
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
08 JUN 16 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. C. 2008

JUN 17 2008

**EUGENE A. SCHWARTZ**  
**Attorney at Law**  
**419 Park Avenue South**  
**15<sup>th</sup> Floor**  
**New York, NY 10016**

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**Telephone: (212) 213-9889**  
**Facsimile: (212) 252-8582**  
**Eschwartz@walter-samuels.com**

June 12, 2008

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

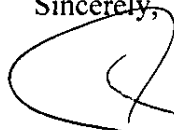
RE: NEPWD Partners LLC

Gentlemen:

I am the attorney for the Members of NEPWD Partners LLC. In accordance with my clients' instructions, I am delivering herewith Articles of Dissolution for NEPWD Partners LLC together with a Cover Letter and my clients' check in the amount of \$25.00 to cover the filing fee. I have also enclosed a copy of the Articles of Dissolution which I respectfully request that you stamp "AS RECEIVED" and return to me in the self-addressed, stamped envelope, also enclosed.

Thank you for your courtesy.

Sincerely,

A handwritten signature in black ink, appearing to be "E. Schwartz", written over a large, loopy initial "E".

Eugene A. Schwartz

EAS:bb  
cc: Peter Weiss  
Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEPWD PARTNERS 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:

EUGENE A. SCHWARTZ, ESQ.

(Name of Person)

(Firm/Company)

419 PARK AVENUE SOUTH, 15TH FLOOR

(Address)

NEW YORK, NY 10016

(City/State and Zip Code)

For further information concerning this matter, please call:

EUGENE A. SCHWARTZ

(Name of Person)

at ( 212 ) 213-9889

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 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)

### 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

FILED

08 JUN 16 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

NEPWD PARTNERS LLC

2. The Articles of Organization were filed on FEBRUARY 10, 2005 and assigned document number  
L 05000013738

3. The date the dissolution was approved: JUNE 10, 2008

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).

AGREEMENT OF ALL COMPANY MEMBERS

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

Printed Name

*David I. Berley*

DAVID I. BERLEY (82.14%)

*David J. Brown*

DAVID BROWN (17.86%)