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(Requestor's Name)	
(Address)	400156496804
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL (Business Entity Name)	06/15/0901042006 **30
(Document Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies Certificates of Status	2009 JUN 15 SECRE TARY CALLAHASSEE
Special Instructions to Filing Officer:	15 PM SSEE, FL
A. LUNT	PM 12: 05 OF STATE E. FLORIDA
JUN 1 6 2009	
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**30.00

Office Use Only

McGuireWoods LLP 1750 Tysons Boulevard Suite 1800 McLean, VA 22102-4215 Phone: 703.712.5000 Fax: 703.712.5050

www.mcguirewoods.com

Lauren K. DouglasDirect: (703) 712-5062
FAX: (703) 712-5254

E-mail: Idouglas@mcguirewoods.com

McGUIREWOODS

May 27, 2009

Mr. Jeffrey A. Jackman Ms. Melanie Nathanson 4278 Vacation Lane Arlington, Virginia 22207

Jackman LLC - Dissolution

FILED 2009 JUN 15 PM 12: 05
SECHETARY OF STATE
SECHETARSSEE. FLORIDA

Dear Jeffrey and Melanie:

Enclosed are the following items required for the dissolution of your LLC – (i) Cover Letter, (ii) Articles of Dissolution, and (iii) a check in the amount of \$30.00 to cover the filing fee and the certificate of status. You both need to sign the Articles of Dissolution before we can submit them for filing.

Also enclosed is an envelope to the Division of Corporations for your convenience. After you both have signed the Articles of Dissolution, please mail all three items in the envelope provided. Please make a copy for yourself and for our file. I've included a self-addressed stamped envelope for you to return a copy to me.

Please let me know if you have any questions.

Sincerely,

Lauren K. Douglas

Enclosures

COVER LETTER

	tration Section ion of Corporations		
SUBJECT:	Jackman LLC		
	(Name of Limited Liability Company)		
The enclosed A	Articles of Dissolution and fee(s) are submitted for filing.		
	Il correspondence concerning this matter to the following:		
	Jeffrey A. Jackman	AFC 289	
	(Name of Person)	2009 JUN 15 SECRETARY	רור <i>ס</i>
	(Firm/Company)		П
	4278 Vacation Lane	PN 12: 05 OF STATE EE, FLORID	C
	(Address)		
	Arlington, Virginia 22207		
	(City/State and Zip Code)		
For further info	ormation concerning this matter, please call:		
Lauren K. Douglas at (703 712-5062			
	(Name of Person) at (Area Code & Daytime Telephone Num	ber)	
Enclosed is a cho	eck for the following amount:		
\$25.00 Filing	Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Cop	Status &	
	MAILING ADDRESS: STREET/COURIER ADDI	RESS:	
	Registration Section Registration Section Division of Corporations Division of Corporations		

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

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

3. The date the dissolution was approved:	
	·
608.441, Florida Statutes, (copy 608.441 on back c Written consent of all the members a	ited liability company's dissolution pursuant to section cover letter). Is provided for in the operating agreemen
	\$ \$ \$
5. CHECK ONE:	70
	limited liability company have been paid or that and:
OK-	debts, obligations and liabilities pursuant to s. 608.4421.
rights and interests. 7. CHECK ONE:	outed among its members in accordance with their respective
✓ There are no suits pending against the com -OR-	• • •
entered against it in any pending suit.	satisfaction of any judgment, order or decree which may b
natures of the members having the same percentage o	of membership interests necessary to approve the dissolution
Signature	Printed Name
	Jeffrey A. Jackman
m. MM	Melanie Nathanson