L05000122691

| | (Daniel Mana) |
|------------------|--------------------------|
| | (Requestor's Name) |
| | |
| | (Address) |
| | |
| | (Address) |
| | , |
| | (City/State/Zip/Phone #) |
| | |
| PICK-U | P WAIT MAIL |
| • | |
| | (Business Entity Name) |
| | |
| | · (Document Number) |
| | |
| Certified Copies | Certificates of Status |
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Special Instructions to Filing Officer:

A. LUNT

SEP 25 2009

EXAMINER

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2009 SEP 24 PH 12: 19 SECRETARY OF STATE TALL AHASSEE, FLORID

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: W&W V// LLC (Name of Limited Liability Company) |
| (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: |
| PATRICIA WARD |
| (Name of Person) ACCRETAN (Firm/Company) (Firm/Company) |
| (Firm/Company) |
| PO BOX 2465 \$ 3 1 |
| PALM BEACH, FL 33486 City/State and Zip Code) |
| (City/State and Zip Code) |
| (Chy/state and Zip Code) |
| For further information concerning this matter, please call: |
| PATRICIA WARD at (561) 805-7660 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & S60.00 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

| 1. The name of a limited liability company is W # W V // , | LC- | | | | |
|--|---|--------------------|----------|----------|-------|
| 2. The Articles of Organization were filed on | 2/27/200 | 5 and assigne | ed docui | ment nui | mber |
| 3. The date the dissolution was approved: | 18/09 | · | | | |
| 4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of the control of the | nited liability company' cover letter). | s dissolution purs | suant to | section | |
| BUSINESS CLOSED | | | SECRI | 3009 SE | |
| | | | HASSI | P 24 | |
| 5. CHECK ONE: | | | OF S | PM | |
| All debts, obligations and liabilities of the OR-Adequate provision has been made for the | • | • | | | |
| All remaining property and assets have been distril rights and interests. | - | - | | | |
| 7. CHECK ONE: | | | | | |
| There are no suits pending against the con-OR-Adequate provision has been made for the entered against it in any pending suit. | | gment, order or de | ecree wl | hich ma | y be |
| Signatures of the members having the same percentage of | of membership interests | necessary to app | rove the | dissolu | tion: |
| Pamu Ward | PAT | Printed Nan | 1 | red | |
| | | | | - | |
| | | | | | |
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