401400000101

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	isiness Entity Nan	ne)
, (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

FFR - 5 2009

EXAMINER



800142652948

02/04/09--01025--011 **55.00

09 FEB -4 AM 11: 45

Brandywine Financial Services Corporation P.O. Box 999

Chadds Ford, PA 19317

Ph: (610) 388-9600 Fax: (610) 388-9616

January 28, 2009

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

Re:

Brandywine Tampa Acquisition & Development, LLC

#L06000004664

Articles of Dissolution

Via Certified Mail

Return Receipt Requested 7006 3450 0002 1550 1663

Dear Sir/Madam:

Enclosed, please find the State of Florida Articles of Dissolution for the above-referenced limited liability company along with a check in the amount of \$55.00 for the filing fee and certified copy.

Please send evidence of the filing to my attention at the address shown above. A self-addressed stamped envelope is enclosed.

Should you have any questions, please call me at (610) 388-9600.

Sincerely,

Dot Dallas

A. A. to Chief Financial Officer

Enclosures

COVER LETTER

	egistration Se ivision of Co			
SUBJECT	: Brandywi	ne Tampa Acquisition & Devel	opment, LLC	
			mited Liability Company)	_
The enclos	ed Articles o	of Amendment and fee(s) are sul	bmitted for filing.	
Please retu	rn all corres	oondence concerning this matter	r to the following:	,
	Dot D			
		(Name of Person)	
	Brand	ywine Financial Services Corpo		
		((Firm/Company)	
	2 Pond	ds Edge Drive		
			(Address)	
	Chadd	s Ford, PA 19317		
		(City	/State and Zip Code)	
For further	information	concerning this matter, please of	call:	
D	ot Dallas		at (_610)_388-960	0, ext. 225
		(Name of Person)	(Area Code & Daytime	: Telephone Number)
Enclosed is	a check for th	e following amount:		
\$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	B.F	u wa Abbbeas		DIED ADDRESS

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

FILED SECRETARY OF LIATE DIVISION OF CORPORATION:

ARTICLES OF DISSOLUTION DIVISION OF COMPRESSION ALIMITED LIABILITY COMPANY 09 FEB -4 AM 11: 45

2. The Articles of Organization were filed on Janu	uary 10, 2006 and assigned document number
L06000004664	
2 (7) 1 2 4 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2	008
3. The date the dissolution was approved: $\frac{12/31/20}{100}$	
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on bac	limited liability company's dissolution pursuant to section ck cover letter).
No longer conducting business	
5. CHECK ONE:	
All debts, obligations and liabilities of -OR-	the limited liability company have been paid or discharged.
	the debts, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been disrights and interests.	stributed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the con-	company in any court.
Adequate provision has been made for	the satisfaction of any judgment, order or decree which may be
entered against it in any pending suit.	
ς ν. σ	ge of membership interests necessary to approve the dissolution:
ς ν. σ	ge of membership interests necessary to approve the dissolution: Printed Name
gnatures of the members having the same percentag	Printed Name
gnatures of the members having the same percentag	Printed Name
gnatures of the members having the same percentag	Printed Name
gnatures of the members having the same percentag	
gnatures of the members having the same percentag	Printed Name

FILING FEE: \$25.00