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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS NOV 2 4 2009 EXAMINER

#### **COVER LETTER**

| Division of Corporations  |  |  |  |
|---|--|--|--|
| SUBJECT: PAT Investments three, 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:  |  |  |  |
| Your Perez<br>(Name of Person)  |  |  |  |
| (Firm/Company)  |  |  |  |
| 10860 NW 16th Ct.   |  |  |  |
| Plantation PL 33820<br>(City/State and Zip Code)  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |
| /OGN PERELZ at ( 954 ) 315 - 6808 (Area Code & Daytime Telephone Number)  |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |
| \$25.00 Filing Fee & S55.00 Filing Fee & Settificate of Status Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |  |  |  |

#### **MAILING ADDRESS:**

Registration Section

TO:

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

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| SECRETARY OF STATE TALLAHASSEE. FLORIDA   |
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| _ and assigned document number  |
| ssolution pursuant to section   |
| nave been paid or discharged. ilities pursuant to s. 608.4421. n accordance with their respective |
| ressary to approve the dissolution:   |
| Printed Name  |
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