L07000021965

(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT . MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	<u></u>	

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FILED
2013 FEB -6 PM 3: 44
SECRETARY OF STATE
ASSEE, FLORIDA



FEB - 7 2013 J. BRYAIN

1/17/2013

To: Florida Dept of Corporations

Fr: Clifford Wildes

Managing Member of Searchlight Partners LLC

Cc: Todd Ellsworth

Re: Dissolution of Searchlight Partners LLC, L07000021965

Enclosed are the executed forms for the Dissolution of Searchlight Partners LLC, L07000021965 along with the required personal check from me of \$35 payment fee as required by the State of Florida.

Check #1775 from Bank Of America

Regards

Clifford Wildes

4860 Saddle Oak Trail

Sarasota Florida 34241

941 926 8030

cliffwildes@verizon.net

FILED
2013 FEB -6 PM 3: 45
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2013

CLIFFORD H WILDES SEARCHLIGHT PARTNERS, LLC 4860 SADDLE OAK TRAIL SARASOTA, FL 34241

SUBJECT: SEARCHLIGHT PARTNERS, LLC

Ref. Number: L07000021965



We have received your document for SEARCHLIGHT PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 313A00002293

COVER LETTER

Division of Corporations
SUBJECT: DSMCH LIGHT PACKAGE 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:
CHAND WILDES
(Name of Person)
SEARCH LIGHT PARTNERS WE
(Firm/Company)
4860 SASSIE ONE TRAIL
(Address)
SANASOFA FL 34541
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (944) QUE PASA (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

 ρ \$25.00 Filing Fee

TO:

Registration Section

ρ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ρ \$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

1. The name of a limited liability company is	
2. The Articles of Organization were filed on	
3. The date the dissolution was approved:	1 2013
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	ed liability company's dissolution pursuant to section ver letter).
	CLOSES BUSNESS
 Adequate provision has been made for the defendance of th	imited liability company have been paid or discharged. lebts, obligations and liabilities pursuant to s. 608.4421. Ited among its members in accordance with their respective pany in any court. atisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution
Signature	Printed Name
	differe Willer

FILING FEE: \$25.00