# 12000102033

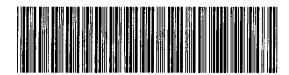
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

MAY - 4 2011

EXAMINER



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TI MAY -2 PM 2:06
SECRETARY OF STATE
ATTACKSEF, FLORIDA

# **COVER LETTER**

Division of C	Corporations			
SUBJECT:	Structured A	Sset Ventures imited Liability Company)		
	(Name of L	imited Liability Company)		
The enclosed Articles	of Dissolution and fee(s) are sub	bmitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
riouso rotum un como	spondonee concerning and mane	a to the tono mig.		
	,			
	James C	Mc Car Sher (Name of Person)		
<del></del>		(Name of Person)		
	_			
	Cappani	(Firm/Company)	<del>-</del>	
	77	(Firm/Company)		
	_			
	245 Park	Ave 39 th F	<u> </u>	
		(Address)		
NY, NY 10767 (City/State and Zip Code)				
	/ City	y/State and Zip Code)		
For further information	n concerning this matter, please	call:		
		at (		
-	(Name of Person)	at ()(Area Code & Daytim	e Telephone Number)	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,	
	Certificate of Status	Certified Copy	Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
			(additional copy is enclosed)	

## MAILING ADDRESS:

TO:

Registration Section

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  Structured Asset Vens	fuer LLC
2. The Articles of Organization were filed on	
3. The date the dissolution was approved:  4. A description of occurrence that resulted in the limited liab 608.441, Florida Statutes, (copy 608.441 on back cover let  (ompany reincorporated in Accordance of the Conformation and description and description of the Conformation and description and d	bility company's dissolution pursuant to section tter).
<ul> <li>5. CHECK ONE:</li> <li>All debts, obligations and liabilities of the limited OR-OR-Adequate provision has been made for the debts, of the All remaining property and assets have been distributed an rights and interests.</li> <li>7. CHECK ONE:</li> <li>There are no suits pending against the company in OR-</li> </ul>	liability company have been paid or discharged.  obligations and liabilities pursuant to s. 608.4421.  mong its members in accordance with their respective
Signatures of the members having the same percentage of memb	Printed Name  James McCarthy  Managing Director  AHE  AHE  AHE  AND  AND  AND  AND  AND  AND  AND  AN
	-2 PM 2: 06  KY OF STATE SEE. FLORIDA