# LOS 0000 33114

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

Office Use Only

G. MCLEOD

JUN - 6 2011

**EXAMINER** 



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06/03/11--01009--011 \*\*25.00

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SECRETARY OF STATE
TAIL AHASSEE. FLORID

# **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |
|--|--|--|
| SUBJECT: DSW 3, 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:  |  |  |
| Dorothy S. Winston (Name of Person)  |  |  |
| (Firm/Company)   |  |  |
| 1300 Crystal Dr., # 1002   |  |  |
| 1300 Crystal Dr., # 1002  Arlington, VA 22202  (City/State and Zip Code)   |  |  |
|  |  |  |
| For further information concerning this matter, please call:   |  |  |
| Dorothy S. Winston at (703) 400 - 8205 (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)  \$60.00 Filing Fee, 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 $DSW3$ , $LLC$   |  |
|--|--|
| 2. The Articles of Organization were filed on Ap   | and assigned document number   |
| 3. The date the dissolution was approved:  | 128,2011   |
| 4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of                    | nited liability company's dissolution pursuant to section cover letter).   |
| Written consent ofa  | 11 members Es  |
|  |  |
|  | 選択 らず<br>で Manager Apple 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| 5. CHECK ONE:  | COR -  |
| ←-OK-  | limited liability company have been paid or sischarged.  |
| <u> </u>   | e debts, obligations and liabilities pursuant to s. 608.4421.  buted among its members in accordance with their respective |
| rights and interests.  | buted among its members in accordance with their respective  |
| 7. CHECK ONE:  |  |
| There are no suits pending against the com-OR-Adequate provision has been made for the entered against it in any pending suit. | npany in any court. e satisfaction of any judgment, order or decree which may be   |
| ignatures of the members having the same percentage of   | of membership interests necessary to approve the dissolution:  |
| Signature  | Printed Name   |
| Dorothy SWm  | Dorothy S. Winston   |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |