



COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

Office of the Clerk

June 14, 2019

1906060528

SANDRA L HUGHES  
HARRISON & HUGHES PC  
3016 WILLIAMS DR STE 15  
FAIRFAX, VA 22031

RECEIPT

RE: DDS LIMITED PARTNERSHIP

ID: L017728 - 9

DCN: 19-05-31-0062

Dear Customer:

This receipt acknowledges payment of \$25.00 to cover the fee for filing with this office a certificate of cancellation on behalf of the above-referenced limited partnership.

The effective date of the certificate is June 14, 2019.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, (866) 722-2551.

Sincerely,

Joel H. Peck  
Clerk of the Commission

RECEIPT  
LCAN  
CISCCJ

# HARRISON & HUGHES, P.C.

Sandra L. Hughes, Attorney at Law

Admitted in VA, MD & IL

SHughes@HarrisonAndHughes.com

*CCW*  
19060528

*VMB/ly*  
*L017728*  
190531 0062 \$25  
MAY 13 11:11 AM '19

May 28, 2019

Virginia State Corporation Commission  
Office of the Clerk  
P.O. Box 1197  
Richmond, Virginia 23218-1197

RE: Articles of Cancellation for DDS Limited Partnership; SCC# L0177289

Dear Clerk,

Enclosed please find the executed Articles of Cancellation for DDS Limited Partnership; SCC# L017728 and \$25.00 check payable to the State Corporation Commission for the filing fee. Please call if you have any questions regarding this filing.

Very Truly Yours,

*Sandra L. Hughes*  
Sandra L. Hughes

Enclosures (2) – Check and executed Articles of Cancellation

*LP Cancel*

*25*  

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*25*

*6/12/19*  
*CLTR*

1906060528

CIS0317 CIS 06/04/19  
1 85 CISM3220 LIMITED PARTNERSHIP DATA INQUIRY 18:20:59  
L/P ID: L017728 - 9 STATUS: 00 ACTIVE STATUS DATE: 10/23/15  
L/P NAME: DDS LIMITED PARTNERSHIP

DATE OF FILING: 12/31/2002 PERIOD OF DURATION: 12/31/2025 INDUSTRY CODE: 00  
STATE OF FILING: VA VIRGINIA MERGER INDICATOR:

LLP-EFF-DTE: LLP-CONT-DTE: LLP-EXP-DTE:  
P R I N C I P A L O F F I C E A D D R E S S LLP-STATUS: N  
STREET: 3016 WILLIAMS DR STE 100

CITY: FAIRFAX STATE: VA ZIP: 22031-4698

R E G I S T E R E D A G E N T I N F O R M A T I O N  
R/A NAME: HARRISON & HUGHES, P.C.

STREET: 3016 WILLIAMS DR STE 15 RTN MAIL:

CITY: FAIRFAX STATE: VA ZIP: 22031-0000

R/A STATUS: 5 CORP/LLC/RLLP R EFF DATE: 05/05/11 LOC: 129 FAIRFAX COUNTY

YEAR	FEES	PENALTY	INTEREST	BALANCE
18	50.00			

COMMAND: .....

4AU

05,016

*Ops. Robert T. Williams  
Revocable Trust*

*John J. Hughes  
Revocable  
Trust*

1906060528

CIS0317

CIS

06/04/19

1 85 CISM3240

MICROFILM INQUIRY

18:21:03

L/P ID: L017728 - 9 L/P STATUS: 00 ACTIVE

L/P NAME: DDS LIMITED PARTNERSHIP \_\_\_\_\_

COURT LOCALITY: 129 FAIRFAX COUNTY

TOTAL CHARTER FEES:

MICROFILM NO	DOCUMENT TYPE	DATE	CHARTER FEE	PAGES
11 05 05 0040	LPA > LP AMENDMENTS	05/06/11		7
11 05 03 0173	LRAC > LP RA CHG	05/05/11		2
03 01 02 0549	NLP > NEW LP	12/31/02		4

COMMAND: .....

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06,014



COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

LPA-73.52:4  
(07/10)


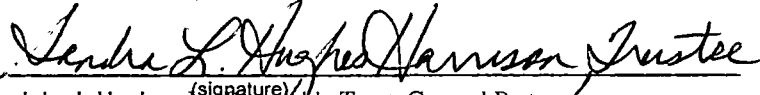
CERTIFICATE OF CANCELLATION  
OF A VIRGINIA LIMITED PARTNERSHIP

1906060528

The undersigned, on behalf of the limited partnership set forth below, pursuant to Title 50, Chapter 2.1 of the Code of Virginia, state(s) as follows:

- The name of the limited partnership is  
DDS LIMITED PARTNERSHIP
- The effective date of the filing of the limited partnership's certificate of limited partnership with the State Corporation Commission was 12/31/2002
- The certificate of cancellation is submitted for filing for the following reason(s):  
The limited partnership sold that last piece of real estate it owned and has wound up its affairs.
- The limited partnership has completed the winding up of its affairs.
- Other information that the partners have determined to include herein, if any:

Signature(s) of ALL general partners:

 (signature)	<u>5/29/2019</u> (date)
Robert T. Williams Revocable Trust, General Partner By: Robert T. Williams, Trustee (printed name and title)	<u>(703) 698-8000</u> (telephone number (optional))
 (signature)	<u>5/28/2019</u> (date)
John J. Hughes, Jr. Revocable Trust, General Partner By: Sandra L. Hughes Harrison, Trustee (printed name and title)	<u>(703) 698-8000</u> (telephone number (optional))
_____ (signature)	_____ (date)
_____ (printed name and title)	_____ (telephone number (optional))

L017728  
(limited partnership's SCC ID No.)

**PRIVACY ADVISORY:** Information such as social security number, date of birth, maiden name, or financial institution account numbers is NOT required to be included in business entity documents filed with the Office of the Clerk of the Commission. Any information provided on these documents is subject to public viewing.

SEE INSTRUCTIONS ON THE REVERSE

Provide a name and mailing address for sending correspondence regarding the filing of this document. (If left blank, correspondence will be sent to the registered agent at the registered office.)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(mailing address)