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To:

Division of Corporations Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000025 Phone : (512)418-6949 Fax Number : (954)202-0845

LLC DISSOLUTION OR WITHDRAWAL RIALTO REGI, LLC

Certificate of Status	0
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COVER LETTER

	Division of Corporations					
SHD IEC	RIALTO REGI, LLC					
SUBJECT: (Name of Limited Liability Company)						
The enclo	sed Articles of Dissolution and fee(s) are submit	ted for filing.				
Please ret	urn all correspondence concerning this matter to	the following:				
	Lori Buckler					
	(Name of Person)					
	RIALTO REGI, ELC					
	(Firm(Company)					
	790 NW 107th Avenue, Scite 400					
	(Address)					
	Miami, Florida 33172					
	(City/Sti	ste and Z(p Code)				
For furthe	r information concerning this matter, please call					
1	Lori Buckler	at () (Area Code & Daytime Telephone Number)				
_	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is	s a check for the following amount:					
☐ \$25,00 Filing Fre and Certificate of Dissolution		\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	MAILING ADDRESS:	STREET/COURIER ADDRESS:				
	Registration Section Division of Corporations	Registration Section Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabili RIALTO REGI, LLC	ty company is					
2.	The Articles of Organization	were filed on 9/29	9/10	and assigned			
	document number L1000010	1948					
3.	The delayed effective date the dissolution if not effective on the date of filing: UPON FILING (cricetive date cannot be provined than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.						
4.	A description of occurrence 605.0707, Florida Statutes, (d	that resulted in the copy 605.0707 on b	limited liability co cack cover letter).	mpany's dissolution pursuant to section			
	ENTITY NO LONGER NEED	ED					
5.	If there are no members, end activities and affairs:		dress of the person L MANANGEMENT	appointed to wind up the company's			
		790 NW 107th	Avenue, Suit	e 400, Miami, Florida 33172			
6. lis	Signature of an authorized patted above to wind up the com	erson or if there are pany's activities are	e no members, the s nd affairs:	signature of the person appointed and			
	Zia	e U	[.IAT HELC]				
	Signature			Printed Name			

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	c
	000010194R
Date of dissolution was:	_
Description of information that must be included in a wr	ritten elaira:
ENTITY NO LONGER NEEDED	
Mailing address where claims can be sent: (Claims cannot 750 NW 107TH AVENUE, SUITE 400	
MIAMI, FLORIDA 23172	
A claim against the above named limited liability compa- claim is commenced within 4 years after the filing of this	
	0010
LIAT HELLER	
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00