

LOS 0000 58579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

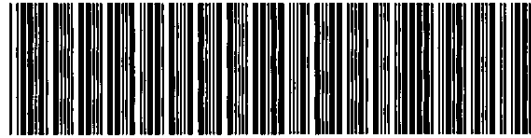
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500256603535

02/18/14--01040--019 **525.00

SECURITY
TALLAHASSEE, FLORIDA
14 FEB 18 AM 10:29

J. Stivers FEB 19 2014

9/23/11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BREF-River Crossing, 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:

Susan Davies, Paralegal
(Name of Person)

Trade Street Residential Inc
(Firm/Company)

19950 W. Country Club Dr, #800
(Address)

Aventura, Florida 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Davies at (786) 248-6022
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & 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

BREF River Crossing, LLC

2. The Articles of Organization were filed on 6/13/05 and assigned document number LO5000058579

3. The delayed effective date the dissolution if not effective on the date of filing: _____

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).


Consent of all members to dissolve.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Signature

Printed Name

 _____

Greg Baumann

FILING FEE: \$25.00

FILED
14 FEB 19 AM 10:29
TOLSON, DEBRA A