

L07000127346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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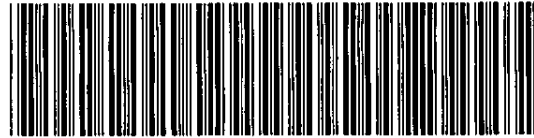
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
14 OCT 22 AM 10:27
DIVISION OF CORPORATIONS

FILED
2014 OCT 22 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Connell OCT-23 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 346059 4305390

AUTHORIZATION :

COST LIMIT : \$ 25.00

Spudaleman

ORDER DATE : October 21, 2014

ORDER TIME : 9:05 AM

ORDER NO. : 346059-005

CUSTOMER NO: 4305390

DOMESTIC FILINGS

NAME: SAGECREST VEGAS II, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING


CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

2014 OCT 22 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Sagecrest Vegas II, LLC
2. The Articles of Organization were filed on 12/19/2007 and assigned
document number L07000127346
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for 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).
No longer conducting business.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Jack D. Huber, Authorized Signatory
c/o SOLIC Capital Advisors, LLC
1603 Orrington Avenue, Suite 1600
Evanston, Illinois 60201
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:

X  Signature

Printed Name _____

FILING FEE: \$25.00