

LD8000039772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

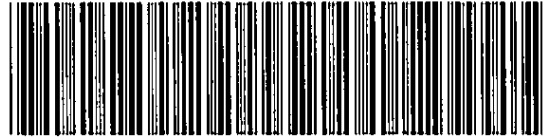
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
MILWAUKEE, WISCONSIN

O SIMMONS
MAY 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: River BASIN Ventures 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:

Timothy A. Lewis
(Name of Person)

(Firm/Company)

15354 CHRISTINE way
(Address)

H. Myms FL 33908
(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy Lewis at (239) 810-0335
(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

River Basin Ventures LLC

2. The Articles of Organization were filed on 4/21/2008 and assigned

document number L08000039772

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)

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

Real Estate owned by the LLC was
sold

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

Timothy A Lewis
15354 CHRISTINE Way
FT. MYERS, FL 33908
NIGRM

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:

Timothy A Lewis
Signature

Timothy A Lewis
Printed Name

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2018

JOHN BLANCHARD
6656 CANTON ST
FT MYERS, FL 33966

SUBJECT: WILLOW LANE, LLC
Ref. Number: W18000048194

We have received your document for WILLOW LANE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 118A00010525