108000084616

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2016 SEP -9 PM 12: 2:

K. SALY EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

BR West, 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:

Sharon Mehl

(Name of Person)

Seacoast National Bank

(Firm/Company)

P. O. Box 9012

(Address)

Stuart, FL 34995

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Mehl

...772

288-6085

(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

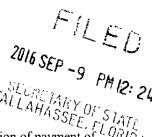
ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2016 cm FILED
1 4 D
2016 SEP -9 PM 12: 23
TALLAHASSEE, ALORIO,

1.	The name of a limited liability company is BR West, LLC	ALLAHASSEE, MISTARY OF STAN	
2.	The Articles of Organization were filed on _S	eptember 5, 2008 and assigned	
	document number L08000084610		
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 listed as the document's effective date on the Department of State's records.		
4.	A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 or	ne limited liability company's dissolution pursuant to section a back cover letter).	
	Dissolution was approved by the sole member, Se	acoast National Bank, effective September 15, 2016	
5.	If there are no members, enter the name and a activities and affairs:	address of the person appointed to wind up the company's	
6. lis	Signature of an authorized person or if there ted above to wind up the company's activities	are no members, the signature of the person appointed and affairs:	
	Signature	Stephen A. Fowle, CFO of Seacoast National Bank Printed Name	
			

FILING FEE: \$25.00

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 Uniform 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: BR West, LLC
Document number of Limited Liability Company is: L08000084610
Date of dissolution was: Sept. 15, 2016
Description of information that must be included in a written claim:
Name, address and phone number of claimant; reason/
description of claim; date of claim; claim amount
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
ATTN: Stephen A. Fowle
c/o Seacoast National Bank
P. O. Box 9012, 815 Colorado Avenue
Stuart, FL 34995

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Stephen A. Fowle

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