

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

LLC DISSOLUTION OR WITHDRAWAL  
BV DEVONSHIRE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

14 SEP -5 PM 1:50

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

SEP 14 2014  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

SEP 14 SEP -5 PM 12:00

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Electronic Filing Menu

Corporate Filing Menu

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BV Devonshire, 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:

Lynn Almeida

(Name of Person)

BV Devonshire, LLC

(Firm/Company)

1661 Worthington Road

(Address)

West Palm Beach, FL 33409

(City/State and Zip Code)

For further information concerning this matter, please call:

Lynn Almeida

(Name of Person)

561

682-8954

(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

2014 SEP -5 P 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
BV Devonshire, LLC
2. The Articles of Organization were filed on 06/15/2009 and assigned  
document number L09000057835
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).  
Written consent of the sole member.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Blue Valley Apartments, Inc.  
1661 Worthington Road  
West Palm Beach, FL 33409  
\_\_\_\_\_
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

By: Blue Valley Apartments, Inc., Sole Member  
John Halvorson, Assistant Secretary  
\_\_\_\_\_  
Printed Name

FILING FEE: \$25.00

2014 SEP -5 P 12:09  
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TALLAHASSEE, FLORIDA

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