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 RIDGEWOOD, LLC

Certificate of Status	0_
Certified Copy	0
Page Count	03
Estimated Charge	525.00

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

SEP - 8 2014

9/5/2014

COVER LETTER

UBJECT:		BV Ridgewood, LLC Name of Limited Liability Company)			
	(contra as anno	ion charing Conspi	,,,,,		
he enclosed	Articles of Dissolution and fee(s) are submit	tied for filling.			
lease return (oli correspondence concerning this matter to	the following:			
	Lyun Almeida				
	(Na	na of Person)			
	BV Rie	dgewood, LLC			
	(Fir	н у Соприну)			
	1661 Worthington Road				
	1	(Address)			
	West Pulm Hench, FL 33409				
	(City/Su	ite and Zip Code)			
or further inf	ormation concerning this matter, please call:	:			
Lyni	n Almeida .	et (682-8954		
	(Namo of Person)	(Area C	ode & Daytime Telephone Number)		
nclosed is a c	seck for the following renount:				
28 \$25.00 Filing Fee and Certificate of Dissolution			\$55.00 Filing Fee, Cartificate of Dissolution & Cartified Copy (additional copy is enclosed)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tailahassee, Ff. 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLÖSE - QUI 2/2014 Waters Klower Online

	ARTICLI	es of dissolution		<u> </u>	
	A LIMITED	FOR LIABILITY COMPAN	Y	N4 SEP	77
1. The name of a limited !	liability company is				
BV Ridgewood, LLC					LED
2. The Articles of Organiz	zation were filed on f	08/10/2009	and assigned	PH 1:45	O
document number 1.090	000076465			ORIE +5	•
3. The delayed effective d	late the dissolution if ective date cannot be price	not effective on the date of r to or more than 90 days later than	filing: date document is received for	ur filing)	
4. A description of occurr 605.0707, Florida Statu Written consent of the sol		the limited liability company on back cover letter).	y's dissolution pursuant	to section	
5. If there are no members activities and affairs:	s, enter the name and Blue Valley Apa	address of the person appoin	nted to wind up the com	pany's	
, , , , , , , , , , , , , , , , , , ,	1661 Worthingto	on Road			
	West Palm Beac	eh, FL 33409			
				-	
 Signature of an authorize isted above to wind up the 	ed person or if there company's activities	are no members, the signatus and affairs:	re of the person appoint	ted and	
, , ,	F	By: Blue Valley Apan	ments, Inc., Sole Member		
All Marie	<u> </u>	John Helvorson, Ass	•		
Signatur	re	Pri	nted Name		

FILING FEE: \$25.00