

**L10000102447**  
Florida Department of State  
Division of Corporations  
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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)205-8842  
Fax Number : (850)878-5368

FILED  
2015 APR 23 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL  
CSMC 2007-C1 PGA BOULEVARD, LLC**

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

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APR 24 2015  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CSMC 2007-C1 PGA BOULEVARD, 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:

**ROBIN KYLE**  
*(Name of Person)*

**C-III ASSET MANAGEMENT LLC**  
*(Firm/Company)*

**5221 N. O'CONNOR BLVD., STE. 600**  
*(Address)*

**IRVING, TX 75039**  
*(City/State and Zip Code)*

For further information concerning this matter, please call:

**ROBIN KYLE** at **972 868-5388**  
*(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  
CSMC 2007-C1 PGA BOULEVARD, LLC
  
2. The Articles of Organization were filed on 9/30/2010 and assigned  
document number L10000102447
  
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).  
DUE TO THE OCCURRENCE OF AN EVENT SPECIFIED IN THE  
OPERATING AGREEMENT.
  
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
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

ROBIN KYLE, Authorized Person  
Printed Name

**FILING FEE: \$25.00**

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