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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 WBCMT 2002-C1 SILVER STAR, LLC

Certificate of Status	0
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COVER LETTER

	distration Section Vision of Corporations	
SUBJECT:	WBCMT 2002-CI SILVER STAR, LLC	
SUBJECT:		ed Liability Company)
	Articles of Dissolution and fee(s) are submit all correspondence concerning this matter to	•
	(Na	me of Person)
	(Fir	т/Соправу)
	(Address)
	(City/Str	ste and Zip Code)
For further in	nformation concerning this matter, please call	
_	(Name of Person)	at (
Hagiaged is a	check for the following amount:	(Vicil Cope or Distribute Leichschie (antiper)
	00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tullahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1,	The name of a limited liability company is WBCMT 2002-C1 SILVER STAR, LLC
2.	The Articles of Organization were filed on and assigned
	document number L11000052862
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). Winding up of business affairs. Entity has no assets remaining.
	Thinking up of outsides are the state to an area.
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, lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Job Warshaw Printed Name
	FILING FEE: \$25,00

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