

Division of Corporations

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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

**\*RE-SUBMIT\***

From:

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

*File with original this date of submission 10/20*

**LLC DISSOLUTION OR WITHDRAWAL**  
**CSFB 2001-CP4 ORANGE APARTMENTS, LLC**

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

RECEIVED

14 OCT 21 PM 12:00

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BUREAU OF COMMERCIAL  
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 14 OCT 20 AM 7:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 OCT 22 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CSFB 2001-CP4 ORANGE APARTMENTS, 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

(Name of Person)

972

868-5388

at ( )

(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  
CSFB 2001-CP4 ORANGE APARTMENTS, LLC
2. The Articles of Organization were filed on 12/09/2011 and assigned  
document number L11000138925
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:

Robin Kyle  
Signature

ROBIN KYLE, Authorized Person  
Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA