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 : (850)222-1092 Phone

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL BV ROSEHILL, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

COVER LETTER

	stration Section sion of Corporations	
SUBJECT:	B	V Roschill, LLC
	(Name of Limi	ted Liability Company)
The enclosed	Articles of Dissolution and fee(s) are submi	nted for Alling.
	all correspondence concerning this matter to	•
	Lynn Abneida	
	(Na	me of Person)
	BV	Roschill, LLC
	(Fil	m/Company)
	1661 Worthington Road	
		(Address)
	West Palm Beach, FL 33409	
	(City/Si	ete and 2lp Code)
For further inf	formation concerning this matter, please call	?
Lynt	n Almeida	561 682-8954 at ()
	(Name of Person)	(Area Coda & Daytima Telephone Number)
Enclosed is a ch	eck for the following amount:	
图 \$25.00	0 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (odditional copy is enclosed)
	Mailing address:	STREET/COURIER ADDRESS:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Ciliton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, F1. 32301

FILED

2014 SEP -5 AM 8: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is		
,	BV Roschill, LLC		
2.	The Articles of Organizati	on were filed on 03/27/2012 and assigned	
	document number 1120000	42491	
3,	The delayed effective date the dissolution if not effective on the date of filing: (officelive 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 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).			
	Written consent of the sole m	•	
Э.	activities and affairs:	ter the name and address of the person appointed to wind up the company's Blue Valley Apartments, Inc.	
1661 Worthington Road			
West Falm Beach, FL 33409			
6. His	Signature of an authorized ted above to wind up the co	person or if there are no members, the signature of the person appointed and inpany's activities and affairs:	
	1 11	By: Blue Valley Apartments, Inc., Sole Member	
	fe the	John Halvarson, Assistant Socretary	
	Signature	Printed Name	

FILING FEE: \$25.00