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

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Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL BV TRIPLE CROWN, LLC

Certificate of Status	0
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Page Count	03
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Help

COVER LETTER

UBJECT:		Triple Crown, LLC	
	(Name of Limit	ted Liability Company)	
The enclosed .	Articles of Dissolution and fee(s) are submit	ttod for filling.	
Please return a	ll correspondence concerning this matter to	the following:	
	Lynn Almeida		
	(Nar	me of Person)	
	BV TA	ole Crown, LLC	
	[F] ₁	m/Company)	
	1661 Worthington Road		
	((Address)	
	West Palm Beach, FL 33409		
	(City/Sta	ete and Zip Code)	
or further inf	ormation concerning this matter, please call	:	
Lynn	Almeida	361 682-8954	
(Name of Person)		(Area Code & Daytime Telephone Number)	

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

i.	The name of a limited liability company is					
	HV Triple Crown, LLC					
2.	, The Articles of Organizati	ion were filed on 04/06/20)12	and assigned		
	document number 1.12000	047687				
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 on cument is received for filing)					
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to sectio 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).					
	Written consent of the sole member.					
						
5.	If there are no members, o	nter the name and address	of the person appoints	ed to wind up the company's		
	activities and affairs:	Blue Valley Apartments, Inc.				
		1661 Worthington Road				
		West Palm Beach, PL 33409				
6. lis	Signature of an authorized led above to wind up the co	person or if there are no ompany's activities and at	members, the signature fairs:	of the person appointed and		
	1 31		By: Blue Valley Apartm	ans, Inc., Sole Member		
for there			John Halvorson, Assistant Secretary			
Signature			Printed Name			

FILING FEE: S25.00

FLOSE - 63/12/2014 Welters Kluwer Oaker

SECRETARY OF STATE
TAIL AHASSEE FLORING