Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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LLC DISSOLUTION OR WITHDRAWAL BACM 2007-4 BAY COMPLEX, LLC

Certificate of Status	0
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FEB 2 5 2015.

T. HAMPTONI

COVER LETTER

	tration Section ion of Corporations			
SUBJECT: _	BACM 2007-4 BAY COMPLEX, LLC			
		d Liability Company)		
The enclosed A	Articles of Dissolution and fee(s) are submitt	ed for filing.		
Picaso return a	Il correspondence concerning this matter to t	he following:		
	T1. 11/2	•		
	Tausha Wagner			
	(Name of Person)			
	BACM 2007-4 BAY COMPLEX, LLC			
	(Firm/Company)			
	1601 WASHINGTON AVE. SUITE 700			
	(Address)			
	MIAMI BEACH, FL 33139			
	(City/Sta	te and Zip Code)		
For further inf	ormation concerning this matter, please call:			
•		et ()		
	(Name of Person)	et () (Area Code & Daytime Telephone Number)		
Enclosed is a ci	eck for the following amount:			
525.0	☐ \$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/COURJER 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 liabili	y company is			
	BACM 2007-4 BAY COMPLE	X, LLC			
2.	The Articles of Organization	were filed on	and assigned		
	document number L1200008	597			
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.	605.0707, Florida Statutes, (c	hat resulted in the limited liability com opy 605.0707 on back cover letter).	pany's dissolution pursuant to section		
	Winding up of business affairs,	intity has no assets remaining.	······································		
5.	If there are no members, ente	r the name and address of the person ap	ppointed to wind up the company's		
	activities and affairs:				
					
6. lis	Signature of an authorized potential above to wind up the com	rson or if there are no members, the signary's activities and affairs:	mature of the person appointed and		
		75 A W			
-(Signature	Tausha Wagner	Printed Name		
	• -	FILING PPP, 424 00			

FILING FEE: \$25.00