## 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 PROSE TEICH OLD THING

: (850)222-1092

date of submission ,2/18

Account Number : FCA000000023

Phone Fax Number

: (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL BV WEST OLIVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03/4
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Corporate Filing Menu

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DEC 2 3 2013

T. HAMPTON

12/18/2013

COVER LETTER		
	stration Section ion of Corporations	
SUBJECT:	BV West Olive, LLC	
oobsect.	(Name of Limited Liability Company)	
The enclosed	Articles of Dissolution and fee(s) are submitted for filing.	
Please return i	il correspondence concerning this matter to the following:	
	Lynn Almeida	
	(Name of Person)	
	Ocwen Financial Corporation	
	(Firm/Company)	
	1661 Worthington Road	
	(Address)	
	West Palm Beach, FL 33409	
	(City/State and Zip Code)	
For further in	ormstion concerning this matter, please call:	
Lym	Almeids 561 682-8954	
	(Name of Person) (Area Code & Daytime Telephone Number)	

MAILING ADDRESS:

ρ \$30.00 Filing Pee & Certificate of Status

Enclosed is a check for the following amount:

p \$25.00 Filing Fcc

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

STREET/COURIER ADDRESS:

p \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ρ \$55.00 Filing Fee & Centified Copy (additional copy is enclosed) 850-617-6381

12/19/2013 8:19:38 AM PAGE 1/001 Fax Server



December 19, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BV WEST OLIVE, LLC 1661 WORTHINGTON ROAD SUITE 100 WEST PALM BEACH, FL 33409

SUBJECT: BV WEST OLIVE, LLC

REF: L12000101677

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete the correct documents and refax.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III FAX Aud. #: H13000277764 Letter Number: 913A00028772

RECEIVED

13 DEC 20 RM 9: 00

SECRETARISE PERIOR

FALLANDAS PERIOR

P.O BOX 6327 - Tallahassee, Florida 32314

12/20/2013 17:36:25 From: To: 8506176383

FILED (4/4)

2013 DEC 18 AM 7:50

SECRETARY OF STATE TALLAHASSEE.FLORIDA

## ARTICLES OF DISSOLUTION FOR

BV West Office, LLC	
2. The Articles of Organization were filed on	8/07/2012 and assigned document number
3. The date the dissolution was approved: 12/16	/2013
	at limited liability company's dissolution pursuant to section
5. CHECK ONE:	
All debts, obligations and liabilities of OR.	of the limited liability company have been paid or discharged.
☐ Adequate provision has been made for	or the debts, obligations and liabilities pursuant to s. 608.4421.
<ol> <li>All remaining property and assets have been orights and interests.</li> </ol>	distributed among its members in accordance with their respective
7. CHECK ONE:	
2 There are no suits pending against the	e company in any court.
	or the satisfaction of any judgment, order or decree which may be
natures of the members having the same percent	tage of membership interests necessary to approve the dissolution
matures of the members having the same percent Signature	tage of membership interests necessary to approve the dissolution  Printed Name
•	• • •
	Printed Name
Signature	Printed Name

FILING FEE: \$25.00