1/18/2017

Division of Corporations

## Florida Department of State

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (614)280-3338

Fax Number

: (954)208-0845

## LLC DISSOLUTION OR WITHDRAWAL DMARC 2006-CD2 BROWARD FACILITIES, LLC



Certificate of Status	0
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Page Count	03
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Electronic Filing Menu

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

DMARC 2006-CD2 BROWARD FACILITIES, 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

", 9*1,* 2

368-5388

(Name of Person)

(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

	limited liability company is CD2 BROWARD FACILITIES, LLC	······································
2: The Articles of	Organization were filed on OCTOBER 5, 2012	and assigned
document numb	per <u>L12000127627</u>	
Note: If the date	ective date the dissolution if not effective on the date of filin (effective date cannot be prior to or more than 90 days later than date e inserted in this block does not meet the applicable statutory filing ument's effective date on the Department of State's records.	educument is received for filing) requirements, this date will not be
4. A description of 605.0707, Florid	f occurrence that resulted in the limited liability company's d la Statutes, (copy 605.0707 on back cover letter).	lissolution pursuant to section
	CURRENCE OF AN EVENT SPECIFIED IN THE OPERATING	
	MANUTAN PERINANGAN AND AND AND AND AND AND AND AND AND A	
. If there are no m	nembers, enter the name and address of the person appointed fairs:	to wind up the company's
Signature of an a	authorized person or if there are no members, the signature of up the company's activities and affairs:	
lou	14 LI ROBIN KYLE, AUTHO	
S		d Name

FILING FEE: \$25,00

FILED

PILED

STORETARY OF STATE
STORETARY OF STATE