

5/13/2016 4:03:10 PM From: To: 850-617-6383 (1)

L12000145281

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

LLC DISSOLUTION OR WITHDRAWAL
JPMCC 2006-LDP7 RETAIL 201, LLC

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

FILED
16 MAY 13 AM 11:04
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TALLAHASSEE, FLORIDA

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2016 MAY 13 PM 4:21
TALLAHASSEE, FLORIDA

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MAY 16 2016
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JPMCC 2006-LDP7 RETAIL 201, 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:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at (

(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**

1. The name of a limited liability company is

JPMCC 2006-LDP7 RETAIL 201, LLC

2. The Articles of Organization were filed on 11/16/2012 and assigned

document number L12000145281

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

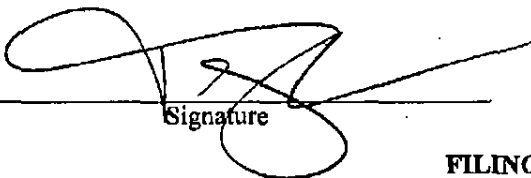
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Tausha Wagner

1601 Washington Ave., Suite 800,

Miami Beach, FL 33139

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

Tausha Wagner

Printed Name

FILING FEE: \$25.00

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16 MAY 13 AM 11:04
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TALLAHASSEE, FLORIDA