

L12000153331

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2017-11-01 17:07:48 CST

12122023573 From: Kimberly Laughrey

11/1/2017

Division of Corporations

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
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL
RREF RB-FL SPH, LLC

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

2017 NOV -2 AM 10:00

11/1/2017 10:00 AM

FILED
17 NOV -2 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/3/17

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RREF RB-FL SPH, 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:

LORI BUCKLER

(Name of Person)

RREF RB-FL SPH, LLC

(Firm/Company)

790 NW 107TH AVENUE, SUITE 400

(Address)

MIAMI, FLORIDA 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

LORI BUCKLER

(Name of Person)

at (305) 229-6675

(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

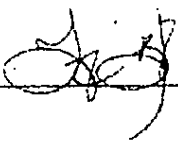
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
RREFRB-FL SPH, LLC
2. The Articles of Organization were filed on 12/07/12 and assigned
document number L12000153331
3. The delayed effective date the dissolution if not effective on the date of filing: _____
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):
No longer needed
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

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

Printed Name

LORI BUCKLER

FILED
17 NOV - 2 AM 9:31
STATE
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00