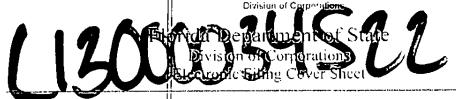
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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL
GECMC 2005-C4 NAPLES COMPLEX, LLC

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COVER LETTER

	istration Section ision of Corporations		
erro nezer.	GECMC 2005-C4 NAPLES	COMPLEX, LLC	
SUBJECT:		(Name of Limited Liability Company)	
The enclosed	Articles of Dissolution and	t ee(s) are submitted for filing. 	
Please return	all correspondence concern	ng this matter to the following:	
		(Name of Person)	-
		(Firm/Company)	-
		(Address)	-
		(City/State and Zip Code)	-
For further in	nformation concerning this m	atter, please call:	
		at (တ်
	(Nume of Person	(Area Code & Daytime Telephone Nun	iper)
Englosed is a c	heck for the following amount:		, c ⁻
□ \$ 25.	00 Filing Fee and Certificate of	Dissolution \$55.00 Filing Fee, Certificate of Dissolution Certified Copy (additional copy is enclosed)	
	MAILING ADDR Registration Section Division of Corpore P.O. Box 6327 Tallahassee, FL 323	n Registration Section tions Division of Corporations Clifton Building	

To: Page 4 of 4

ARTICLES OF DISSOLUTION || FOR A LIMITED LIABILITY COMPANY

. The name of a limited liability GECMC 2005-C4 NAPLES CO	* 31				
t. The Articles of Organization	were file	ed on 03/06/2013		and assigne	rd
document number L1300003	4522		·		
. The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effect	date camiét ris blockide	be prior to or more than to oes not meet the applic	90 days later than d able statutory fili	iate document is tree	eived for filing) his date will not b
. A description of occurrence 605,0707, Florida Statutes, (that result topy 605.	ted in the limited lial 0707 on back cover?	bility company` letter).	s dissolution pur	suant to section
Winding up of business affairs.	Entity has	no assets remaining.			
				•	
If there are no members, ent activities and affairs:	er the num Tausha \		e person appoint	ted to wind up th	e company's
	1601 Washington Ave., Suite 800, Miami Beach, FL 33139				
					- (
Signature of an authorized pisted above to wind up the con	erson or i	if there are no memb ctivities and affairs:	ers, the signatur	re of the person (nppointed and o
	7	Tau	sha Wagner		· ·
Signature		FILING FEE:	,	nted Name	