

L13000085154

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

LLC DISSOLUTION OR WITHDRAWAL  
RREF CB SBL II-FL RFE, LLC

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

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17 NOV - 1 AM 8:29

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M. MILLIGAN  
NOV - 2 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RREF CB SBL II-FL RFE, 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 CB SBL II-FL RFE, 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 at ( 305 ) 229-6675  
(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

- 1. The name of a limited liability company is RREF CB SBL II-FL RFE, LLC
- 2. The Articles of Organization were filed on 6/12/2013 and assigned document number L13000085154
- 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

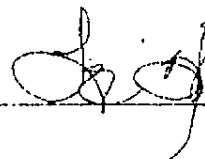
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 <u>LORI BUCKLER</u>
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FILING FEE: \$25.00

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 STATE BANK OF FLORIDA  
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