

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)208-0845LLC DISSOLUTION OR WITHDRAWAL  
RREF RB SBL-FL TAC, LLC

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

2017 NOV -2 AM 9:50

FALL 11:17 AM

2017 NOV -2 AM 10:07  
FALL 11:17 AM

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY  
NOV -3 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RREF RB SBL-FL TAC, 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 SBL-FL TAC, 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  
2461 Executive Center Circle  
Tallahassee, FL 32301

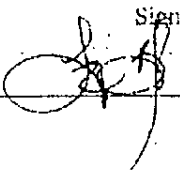
**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

FILED  
2017 NOV -2 AM 10:08  
CLERK OF CIRCUIT COURT  
IN AND FOR THE STATE OF FLORIDA

1. The name of a limited liability company is  
RREF RB SBL-FL TAC, LLC
2. The Articles of Organization were filed on 06/19/13 and assigned  
document number L13000088622
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

**FILING FEE: \$25.00**