

**L13000166151**

2017-11-01 17:25:33 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 CB SBL II-FL STL, LLC**

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

**FILED**  
17 NOV -2 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 NOV -2 AM 13:01

TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RREF CB SBL II-FL STL, 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 HUCKLER

(Name of Person)

RREF CB SBL II-FL STL, 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 HUCKLER

(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  
RREF CB SBL II-FL STI, LLC
2. The Articles of Organization were filed on 11/27/2013 and assigned  
document number L13000166151
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**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 NOV -2 AM 9:29

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