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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)205-8842

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL SBAF MORTGAGE FUND I/HOLDING - 1700 CALIFO LLC

Certificate of Status	0	
Certified Copy	0	
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Estimated Charge	\$25.00	

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COVER LETTER Registration Section Division of Corporations SBAF MORTGAGE FUND I/HOLDING - 1700 CALIFORNIA LLC SUBJECT: (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: (Name of Person) (Firm/Company) (Address) (City/State and Zip Code) For further information concerning this matter, please call: 283-5508 Robert Roepsch (Area Code & Daytime Telephone Number) (Name of Person)

☐ \$25.00 Filing Fee and Certificate of Dissolution

Enclosed is a check for the following amount:

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

S\$5.00 Filing Fee, Certificate of Dissolution &

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

SBAF MORTGAGE FUND I/HOLDING - 17		
The Articles of Organization were filed or	12/1/2013	and assigned
document number L13000166751		
3. The delayed effective date the dissolution (effective date cannot be pr Note: If the date inserted in this block does n listed as the document's effective date on the	ior to or more than 90 days la ot meet the applicable stat	ster than date document is received for filing) utory filing requirements, this date will n
4. A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707)	n the limited liability co on back cover letter).	empany's dissolution pursuant to sect
Upon consent or agreement of the member pur	suant to Section 605.0701	(2), Florida Statutes
5. If there are no members, enter the name an activities and affairs:	d address of the person	appointed to winting the company's
		OF ST.
,		RIOA
5. Signature of an authorized person or if the isted above to wind up the company's activit	ies and affairs: Robert G. Rr	
the policy	Authorized p	erson
Signature		Printed Name

FILING FEE: \$25.00