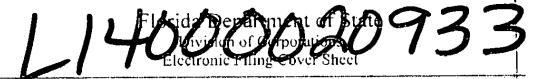
11/1/2017

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 II RB-FL IRM, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations					
SURIE	CCT: RREF II	RB-FL IRM, L	r.c			
DOINT.	(Name of Limited	Liability Comp	pany)			
	closed Articles of Dissolution and fee(s) are submitte					
riease	return all correspondence concerning this matter to th	ic following.				
	LORI BUCKLER	٠.				
	(Nattice	of Person)				
RREF II RB-FL IRM, LLC						
	(Firm)	(Сотрвпу)				
	790 NW 1077H AVENUE, SUITE 400					
	(Λ)	ddress)				
	MIAMI, FLORIDA 33172					
	(City/State	and Zip Code)	***************************************			
For fur	ther information concerning this matter, please call;					
	LORI BUCKLER	at (305	229-6675			
	(Name of Person)	(Area	229-6675 Code & Daytime Telephone Number)			
Enclose	d is a check for the following amount:					
	\$25.00 Filing Fcc 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	Re; Div	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building			
	Tallahassee, FL 32314	266	51 Executive Center Circle Hahassee, FL 32301			

ARTICLES OF DISSOLUTION FOR A LIMITED HABILITY COMPANY

	The name of a limited liability company is				
٠.	RREF II RB-FL IRM, LLC	· :,	:	٠	·
			٠		
2.	The Articles of Organization were filed on and assigned				
					١
	document number L14000020933 The delayed effective date the dissolution if not effective on the date of filing:		٠.	٠.	İ
3.	The delayed effective date the dissolution if not effective on the date of filing:	<u> </u>	—		ţ
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).	ł			
	No longer needed	<u> </u>	· · ·	• • •	•
					••
		<u> </u>			
		 			1
		-			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's	2	,		Ţ
	activities and affairs:				-
		1,	3	· •	ا _
		3	7	1	٠
		ı	خة	١	Ļ
		1			
6. al	. Signature of an authorized person or if there are no members, the signature of the person appointed and have to wind up the company's activities and affairs:	iste Histor	d €		
	Signature Printed Name				1
$\overline{\ }$	LORI BUCKLER				
	FILING FEE: \$25.00				-