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(Re	equestor's Name)				
(Ad	Idress)	·			
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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11/23/15--01038--010 **25.00

SECRETARY OF STATE
ALLAMASSEE (FLORID

NOV 24 2015 S. YOUNG

COVER LETTER

TO:

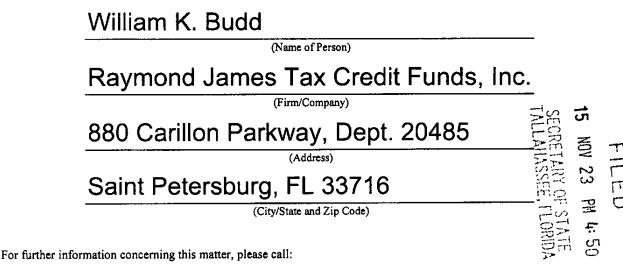
Registration Section Division of Corporations

RJHOF 11 & 38 - 2300 Welton L.L.C.

(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:



William K. Budd

(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			·	
2.	The Articles of Organization	were filed on	4	and assigned	
	document number L14000122	2848	_		
3.	The delayed effective date the (effective date) Note: If the date inserted in the listed as the document's effective date.	ate cannot be prior to or more is block does not meet the	re than 90 days later than date d applicable statutory filing re	ocument is received for filing)	be
4.	A description of occurrence t 605.0707, Florida Statutes, (c	opy 605.0707 on back	cover letter).	•	'n
	605.0701(2)- This limited liabili	ty company is dissolved a	and its activities and affairs a	re being	
	wound up with the consent of	all of the members of this	s limited liability company.	SERRET TALLARIA	-11
				TARY OF AN SEE, F	TED
5.	If there are no members, ente activities and affairs:	r the name and address N/A	of the person appointed to	o wind up the company's:	
6. Iis	Signature of an authorized peted above to wind up the com	erson or if there are no i	nembers, the signature of fairs:	the person appointed and	
				of Raymond James Tax Credit 11 & 38 Manager L.L.C., the ny	
	Signature		Printed	Name	
	()'	FILING F	EE: \$25.00		

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: RJHOF 11 & 38 - 2300 Welton L.L.C.
Document number of Limited Liability Company is: L14000122848
Date of dissolution was: 11/11/2015
Description of information that must be included in a written claim:
Name and address of person or entity owed the claim, the
amount of the claim, a detailed explanation of the basis
of the claim, and all supporting documentation relating to
the claim.
ORATE 50
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
c/o Raymond James Tax Credit Funds, Inc.
880 Carillon Parkway
Saint Petersburg, FL 33716

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Steven J. Kropf, President of Raymond James Tax Credit Funds, Inc., the sole member of RJHOF 11 & 38 Manager L.L.C., the manager of the limited liability company

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00