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(Re	equestor's Name)				
(Ac	ldress)				
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(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Crimson Westview Holdings, 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:

Tammie Etchells

(Name of Person)

Sabal Financial Group, LP

(Firm/Company)

4675 MacArthur Court Ste. 1550

(Address)

Newport Beach, CA 92660

(City/State and Zip Code)

For further information concerning this matter, please call:

Tammie Etchells

(Name of Person)

_{4,}949

381-275

(Area Code & Daytime Telephone

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 Crimson Westview He	• •				_·		
2.	The Articles of Organization were filed on 03/12/2015 and assigned document number L15000045086							
3.	The delayed effective date the dissolution if not effective on the date of filing:							
4.	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). Real Estate Sold, No Further Activity.							
5.	If there are no members, enter	er the name and addres R. Patterson Ja	• ••	o wind up the	company'	s s		
activities and affairs: 4675 MacArthur Court Suite 1550						_		
Newport Beach, CA 92660						_		
6. ab	Signature of an authorized pove to wind up the company'	erson or if there are no s activities and affairs:	members, the signature of Printed R. Patterson Jack	Name	UV - Z T Z: ETARY OF STAT HASSEE, FLORE			
	FILING FEE: \$25.00 ω							