L15000161551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 29 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crestar Loan Fund II, 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:

William Green
(Name of Person)

The Crestar Group
(Firm/Company)

5550 Glades Road, Suite 300
(Address)

Boca Raton, FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

Michele D'Aquino at (856) 229-0000
(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 company is
Crestar Loan Fund II, LLC

2. The Articles of Organization were filed on April 8, 2015 and assigned

document number L15000061555

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for 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).
The registration was done in error; this is a foreign LLC to Florida.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

15 APR 20 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

William Green

Signature

William Green

Printed Name

FILING FEE: $25.00