## L15000106684

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Otty/State/Zipi: Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited l	iability company is		The Trans	ੂ <sup>4/9</sup> 8:
BBIF Subsidiary CDE 2.	LLC	. <del></del>		<u> </u>
2. The Articles of Organiz	cation were filed on 06/18	3/2015	and assigned	
document number L150	000106684			
Note: If the date inserte	ective date cannot be prior to o	r more than 90 days later than et the applicable statutory f	filing:  n date document is received for tili filing requirements, this date wi	
4. A description of occurr 605.0707, Florida Status	ence that resulted in the I es, (copy 605.0707 on ba	imited liability company ack cover letter).	s's dissolution pursuant to se	ection
The entity has ceased to d	o business.	·		
				<del></del>
•				
		····		
5. If there are no members activities and affairs:	enter the name and add	ress of the person appoi	nted to wind up the company	y`s 
				<del></del>
			-	_
<ol><li>Signature of an authorizabove to wind up the comp</li></ol>	ted person or if there are any's activities and affai	no members, the signaturs:	ire of the person appointed a	— ınd listed
() -				
	_	Oraine Reid		
Signature		Printed Name		

FILING FEE: \$25.00