

L15000106696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

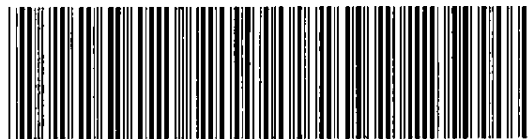
(Document Number)

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Special Instructions to Filing Officer:

J. Dennis  
11/18/24

Office Use Only



700437982747

FILED

2024 NOV 18 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2024 NOV 18 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2024 NOV 18 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
BBIF Subsidiary CDE 4, LLC

2. The Articles of Organization were filed on 06/18/2015 and assigned  
document number L15000106696

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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

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 entity has ceased to do business.

The entity has ceased to do business.

The entity has ceased to do business.

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:



\_\_\_\_\_  
Signature

Oraine Reid

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**