

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

FILED
07 AUG 16 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
07 AUG 16 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISS/TERM/CANCEL/REV OF LP/LLP

BAYROCK MERRIMAC LLLP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$105.00

DB

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(H070602072953)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bayrock Merrimac LLLP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mikel Hutchings

(Contact Person)

Triad Professional Services, LLC

(Firm/Company)

2050 Marconi Drive, Suite 150

(Address)

Alpharetta, GA 30005

(City, State and Zip Code)

For further information concerning this matter, please call:

Mikel Hutchings

at

(877) 805-6723

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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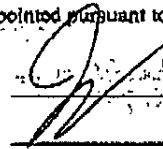
**CERTIFICATE OF DISSOLUTION
FOR****Bayrock Merrimac LLLP**

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on May 27, 2004, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)Entity not neededNot part of existing structure**SECOND:** ☒ A Notice of Dissolution is attached.
(Check box if attached.)**THIRD:** Effective date, if other than the date of filing: _____*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), P.S.:

JULIUS SCHWARTZ

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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07 AUG 16 AM 8:48
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TALLAHASSEE, FLORIDA

(H070002072953)

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

Bayrock Merrimac LLLP

Description of information that must be included in a claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)

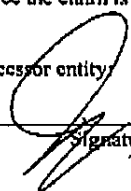
BAYROCK GROUP LLC
713 5TH AVE, 24TH FL
NEW YORK, NY 10022

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

Signature of a general partner or a principal of the successor entity

Julius Schwarz

Printed Name


Signature

Filing Fee: \$52.50
Certified Copy (optional): \$52.50

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