

L1100000624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

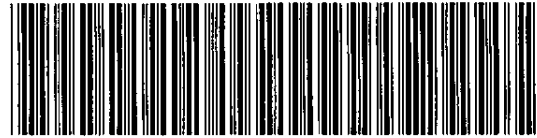
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/20/14--01012--008 **25.00

RECEIVED
DEPARTMENT OF STATE
REGISTRATION OPERATIONS
2014 AUG 20 AM 11:14
TO AWARD/LEDGE
SUFFICIENCY OF FILING

14 AUG 20 AM 9:17
FILING ASSISTANT

TRIBECA BUSINESS MANAGEMENT LLC		L11000000624	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Thank you!

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

8/20/2014

ST

Order#:
9248489

Ref#: _____

Amount: \$ _____

TRIBECA BUSINESS MANAGEMENT LLC		L1100000624	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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Thank you!

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|--|---|---|
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| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
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| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
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 W.P. Verifier _____

8/20/2014

ST

Order#: **9248489**
 Ref#: _____
 Amount: \$ _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIBECA BUSINESS MANAGEMENT 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:

Marisa Roman
(Name of Person)
United Corporate Services, Inc.
(Firm/Company)
10 Bank St. Ste. 560
(Address)
White Plains, NY 10606
(City/State and Zip Code)

For further information concerning this matter, please call:

Marisa Roamn at (914) 949-9188
(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
TRIBECA BUSINESS MANAGEMENT LLC


2. The Articles of Organization were filed on: January 3, 2011 and assigned
document number L11000000624.

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 Limited Liability Company is no longer transacting business in 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: Alice Lee
420 Lexington Avenue, Ste. 1756
New York, NY 10170

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

Alice Lee
Printed Name

FILING FEE: \$25.00

14 AUG 20 11 9:17