

L02000063792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

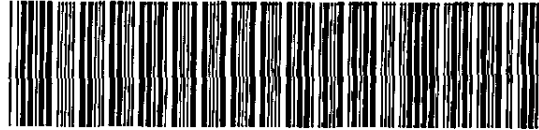
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05 JUL -5 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Jim Dis

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEWBRIDGE OPPORTUNITY FUND, 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:

GUY S. AMICO, PRESIDENT  
(Name of Person)

NEWBRIDGE CAPITAL MANAGEMENT, INC.  
(Firm/Company)

1451 WEST CYPRESS CREEK ROAD, SUITE 204  
(Address)

FT. LAUDERDALE, FLORIDA 33309  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT SPITLER, CFO at ( 954 ) 334-3450  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is

NEWRIDGE OPPORTUNITY FUND, LLC

2. The date the dissolution was approved: 5/31/2005 (EFFECTIVE 6/30/2005)

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes. (copy of 608.441 on back of cover letter).

IN ACCORDANCE WITH ITS OPERATING AGREEMENT, THE MANAGING MEMBER OF THE LLC ELECTED,

IN WRITING, TO CEASE OPERATIONS EFFECTIVE MAY 31, 2005 AND DISSOLVE THE LLC, EFFECTIVE

JUNE 30, 2005.

4. **CHECK ONE:**

☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-

☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to section 608.441.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

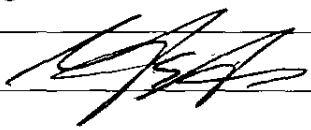
6. **CHECK ONE:**

☒ There are no suits pending against the company in any court.  
-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution :

Signature

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Typed or Printed name  
GUY S. AMICO, PRES. OF MANAGING MEMBER

NEWRIDGE CAPITAL MANAGEMENT, INC.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_