D3000013746 P 1/3 2012-09-12

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	TRIAD PROFESSIONAL	SERVICES,	LLC
Account Number	:	120020000094		
Phone	:	(770)777-2091		
Fax Number	;	(770) 220-1943		<b></b> (3)2

# LLC DISSOLUTION OR WITHDRAWAL BAYROCK BANYAN LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: BAYROCK BANYAN 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:

Sharon K. Gray

(Name of Person)

Triad Professional Services, LLC

(Firm/Company)

1720 Windward Concourse, Ste. 390

(Address)

Alpharette, GA 30005

(City/State and Zip Code)

For further information concerning this matter, picase call:

 Sharon K. Gray
 at (770)
 777-2091

 (Name of Person)
 (Area Code & Daytime Telephone Number)

Buclosed is a check for the following amount:

\$25.00 Piling Fee

30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & 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

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SEURITARY OF STATES TALLAHASSEE, ELECTIDA

#### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

i. The name of a limited liability company is

BAYROCK BANYAN LLC

2. The Articles of Organization were filed on 04/16/2003 and assigned document number L03000013746

3. The date the dissolution was approved: 09/11/2012

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

The limited liability company is no longer transacting business in the State of Fiorida.

5. 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 s. 608.4421.

- 6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
- 7. CHECK ONE;

 $\checkmark$  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:

Signuture	
 N	· · · · · · · · · · · · · · · · · · ·
 	• • • • • • • • • • • • • • • • • • • •

Printed Name

Julius Schwarz

FILING FEE: \$25.00

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