

L100000053052

(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:

Office Use Only



500258405425

04/01/14--01032--023 **165.00

FILED
2014 APR - 1 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 3 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALBA TL EAST 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:

BARRY BERGMAN

(Name of Person)

ALBA TL EAST LLC

(Firm/Company)

1111 PARK AVENUE APT 11A

(Address)

NEW YORK, NY 10128

(City/State and Zip Code)

For further information concerning this matter, please call:

BARRY BERGMAN

(Name of Person)

954

at (

302-8714

(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

ALBA TL WEST, LLC

2. The Articles of Organization were filed on 5/17/2010 and assigned

document number L10000053052

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).

COMPANY IS NO LONGER BEING USED

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

BARRY BERGMAN

Printed Name

FILING FEE: \$25.00

2014 APR -1 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ALBA TL WEST, LLC

Document number of Limited Liability Company is: L10000053052

Date of dissolution was: 4/1/14

Description of information that must be included in a written claim:

N/A

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

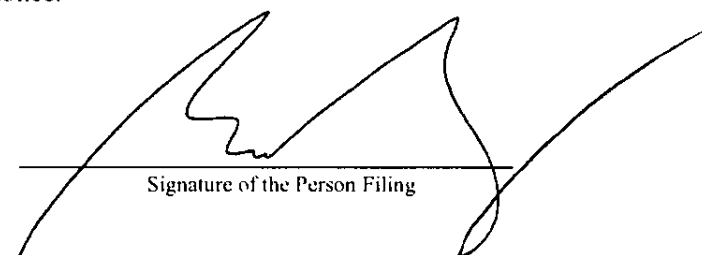
2014 APR - 1 PM 1:32
SECRETARY OF STATE
ALLAHACSEE, FLORIDA

FILED

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

BARRY BERGMAN

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00