

L1100000624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

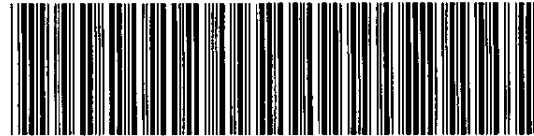
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100263279981

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

RECEIVED  
DEPARTMENT OF STATE  
CORPORATE REGISTRATION  
2014 AUG 20 AM 11:14  
TO AGENCY OF  
SUFFICIENCY OF FILING

14 AUG 20 6:15:17  
ENTERED ASSESSMENT UNIT

**CT Corporation System**

515 E. Park Ave., Tallahassee, FL, 32301

850-222-1092

**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"/> <b>Dissolution/Withdrawal</b>	<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: \$ \_\_\_\_\_

**CT Corporation System**

515 E. Park Ave., Tallahassee, FL, 32301

850-222-1092

**TRIBECA BUSINESS MANAGEMENT LLC**

**L11000000624**

**Thank you!**

☐ Profit

☐ Amendment

☐ Merger

☐ Nonprofit

☐ Foreign

☒ **Dissolution/Withdrawal**

☐ Mark

☐ Reinstatement

☐ Limited Partnership

☐ Annual Report

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8/20/2014

Order#:

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Document \_\_\_\_\_

**ST**

Examiner \_\_\_\_\_

Ref#: \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

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

(Name of Person)

at ( 914 ) 949-9188  
(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:

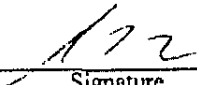
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### 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**

16 AUG 20 04 19:17