

# L13000127967

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

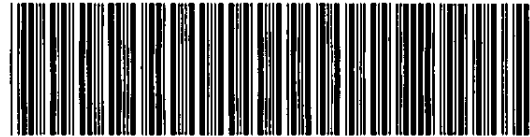
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2014 FEB 13 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 14 2014  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tribal Holdings 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:

Lynette Singh

(Name of Person)

Tribal Holdings LLC

(Firm/Company)

824 Prescott St

(Address)

North Valley Stream NY 11580

(City/State and Zip Code)

For further information concerning this matter, please call:

David Singh

(Name of Person)

at ( 772 ) 201-6783

(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

TRIBAL HOLDINGS, LLC

2. The Articles of Organization were filed on 09/10/2013 and assigned  
document number L13000127967

3. The delayed effective date the dissolution if not effective on the date of filing: ASAP

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).

No Longer Needed

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



Printed Name

Lynette Singh

**FILING FEE: \$25.00**

**FILED**  
2014 FEB 13 AM 9:42  
CLERK OF STATE  
TALLAHASSEE FLORIDA

Cover Letter

Please dissolve Tribal Holdings LLC.

Any questions you may contact me at 772-201-6783

Or by mail to: 824 Prescott Street, North Valley Stream NY 11580

Lynette Singh