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COVER LETTER

	gistration Section vision of Corporations				
SUBJE <i>C</i> ′	TRIBECA GROUP, LLC Γ:				
		(Name of Limited Liability Company)			
The enclos	sed member, resignation or disso	ciation and fee(:	s) are submitted for filing.		
Please rett	urn all correspondence concerning	g this matter to:			
DARLIN B	ITTAR				
	(Contact Person)		_		
TRIBECA O	GROUP, LEC				
	(Firm/Company)				
12100 MIR.	AMAR PARKWAY				
	(Address)		_		
MIRAMAR	FL 33025				
	(City/State and Zip Code)		_		
For furthe	r information concerning this ma	tter, please call:			
DARLIN B	ITTAR	917 at (312-2485		
	(Name of Contact Person)	— "" (Area Code	& Daytime Telephone Number)		
Enclosed _I ■ \$25 Fil	please find a check made payable ing Fee		Department of State for: g Fee & Certified Copy		
Re Di P.C	niling Address: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	Ilmited liability company as it appears on the records of the Florida Department TRIBECA GROUP, LLC
	ument/registration number assigned to this limited liability company is:
L16000215547	
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:08/08/2024
4.1. Fanor	Name of Person Resigning). hereby withdraw/resign as a
MGR	
	(Print Title)
of this limited li- resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)