

F9800000 4538

(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



600049340186

FILED  
05 MAY -3 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/04/2005 10:00:00 AM \*\* 2.50

W+HAR  
ORG  
5/3

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Voluntary Dissolution

**DOCUMENT NUMBER:** F98000004538

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robin E Johnson

(Name of Person)

Village Hotel & Restaurant, Inc.

(Name of Firm/Company)

25819 Canal Rd

(Address)

Orange Beach, AL 36561

(City/State/and Zip Code)

For further information concerning this matter, please call:

Robin Johnson

(Name of Person)

at ( 251 ) 981-0200

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 14, 2005

ROBIN K. JOHNSON  
VILLAGE HOTEL & RESTAURANT  
25819 CANAL RD.  
ORANGE BEACH, FL 36561

SUBJECT: VILLAGE HOTEL & RESTAURANT, INC.  
Ref. Number: F98000004538

We have received your document for VILLAGE HOTEL & RESTAURANT, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation in Florida.

A foreign corporation authorized to transact business or conduct its affairs in Florida may withdraw its authority by completing the enclosed withdrawal application and submitting the appropriate fee.

THE FEE ALREADY SUBMITTED IS BEING KEPT IN OUR FILES PENDING RECEIPT OF THE CORRECTED DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist

Letter Number: 105A00025531

RECEIVED  
05 MAY -3 AM 9:30  
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

**VILLAGE HOTEL & RESTAURANT, INC.**

(Name of Corporation)

**F98000004538**

(Document Number of Corporation (if known))

**ALABAMA**

(Incorporated Under Laws of)

FILED  
05 MAY -3 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

**25819 CANAL RD**

(Mailing Address)

**ORANGE BEACH, AL 36561**

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**04/28/2005**

(Date)

**Robin E Johnson**

(Typed or printed name of person signing)

**Assistant Secretary**

(Title of person signing)

**FILING FEE \$35**