

L03000043957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

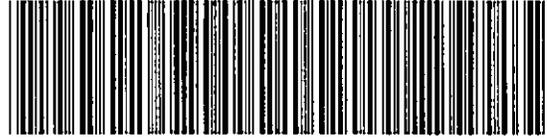
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
NOV 17 2021

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2021 NOV -1 PM 5:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: BVWD, LLC ✕ BVWD III, LLC  
\_\_\_\_\_  
III (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:

Steven S Davis  
\_\_\_\_\_  
(Name of Person)  
  
BVWD, III, LLC  
\_\_\_\_\_  
(Firm/Company)  
  
2301 Maitland Center Parkway, Suite 250  
\_\_\_\_\_  
(Address)  
  
Maitland, Florida 32751  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven S Davis at (407) 832-2234  
\_\_\_\_\_  
(Name of Person) (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)

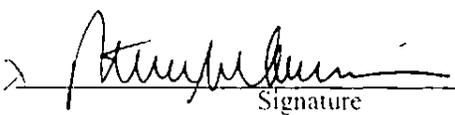
Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

**FILED**  
2021 NOV -1 PM 5: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
BVWD, LLC \* BVWD III, LLC
2. The Articles of Organization were filed on 11/12/2003 and assigned  
document number L03000043957
3. The delayed effective date the dissolution if not effective on the date of filing: N/A  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 has no assets. All Members have consented to the Dissolution.  
Company has no assets. All Members have consented to the Dissolution.  
Company has no assets. All Members have consented to the Dissolution.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
The sole Member is Steven S Davis, 2301 Maitland Center Parkway, Suite 250, P  
Maitland, Florida 32751
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

Steven S Davis  
Printed Name

FILING FEE: \$25.00