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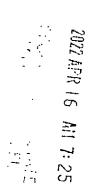
(Requestor's Name)				
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☐ PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer			
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Office Use Only



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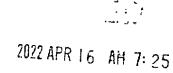
COVER LETTER

	zision of Corporations					
SUBJECT:	Village Tavern Restaurants, LLC					
(Name of Limited Liability Company)						
The enclose	d Articles of Dissolution and fee(s) are submitted	f for filing.				
Please return	n all correspondence concerning this matter to the	e following:				
	Bill Buitendorp					
	(Name of Person)					
	The Village Tavern, Inc. (Manager)					
	(Firm/Company)					
	102 Reynolda Village					
	(Address)					
	Winston Salem, NC 27106					
(City/State and Zip Code)						
For further i	nformation concerning this matter, please call:					
Bill Buitendorp		336 714-4015 at ()				
	(Name of Person)	at () (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 APR 16 AF 7: 25 A LIMITED LIABILITY COMPANY

1.	The name of a limited liability Village Tavern Restaurants, LL	• • •				
2.	The Articles of Organization	were filed on 7/1/	2006		and assigned	
	document number 1.0600006	5889				
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) 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.					or filing) are will not be
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the copy 605.0707 on l	limited liability co back cover letter).	mpany's diss	olution pursuant	to section
	Consent of all Members					
5.	If there are no members, enter activities and affairs:	er the name and ad	dress of the person	appointed to	wind up the con	npany's
	activities and arrairs:				<u> </u>	
			·			
6. ab	Signature of an authorized poove to wind up the company	erson or if there ar s activities and aff	e no members, the airs:	signature of t	he person appoir	nted and listed
_	$\frac{1}{2}$					
1	mi toni	\sim	Bill Buitende	•		
Signature			Printed Name			

FILING FEE: \$25.00



Notice of Limited Liability Company Dissolution



NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Village Tavem	Restaurants, LLC
Document number of Limited Liability Company is:	L06000065889
Date of dissolution was:	
Description of information that must be included in	a written claim:
Claims must be in writing and include the name of the cla	aimant, the amount of the claim, and a short summary of
the basis for the claim.	
···	
Mailing address where claims can be sent: (Claims c	cannot be sent to the Division of Corporations)
Village Tavern Restaurants, LLC	
102 Reynolda Village	
Winston-Salem, NC 27106	
Attn: Scott H. Richardson	
A claim against the above named limited liability co claim is commenced within 4 years after the filing of	mpany will be barred unless a proceeding to enforce the f this notice.
Bill Buitendorp	BriBris
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00