

L08000076130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

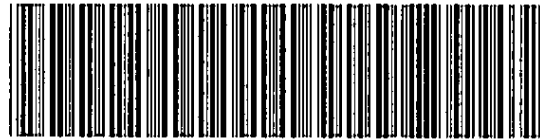
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/16/21--01031--010 **25.00

2022 APR 16 AM 7:26

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JUN 08 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boynton Village Tavern, 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:

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 information concerning this matter, please call:

Bill Buitendorp

(Name of Person)

at 336 714-4015
()
(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

2022 APR 16 AM 7:26

1. The name of a limited liability company is

Boynton Village Tavern, LLC

2. The Articles of Organization were filed on 8/8/2008 and assigned

document number L08000076130

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).

Consent of all Members

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: n/a

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

Bill Buitendorp

Printed Name

FILING FEE: \$25.00

2022 APR 16 AM 7:26

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: Boynton Village Tavern, LLC

Document number of Limited Liability Company is: 1.08000076130

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 claimant, the amount of the claim, and a short summary of the basis for the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Boynton Village Tavern, LLC

102 Reynolda Village

Winston-Salem, NC 27106

Attn: Scott H. Richardson

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Bill Buitendorp

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