

208000110863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

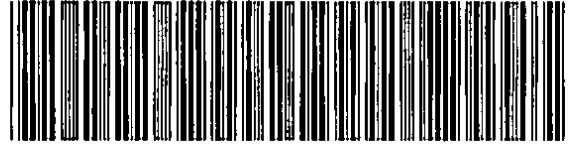
(Document Number)

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Certificates of Status \_\_\_\_\_

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2022 JAN -3 PM 4:31  
SOUTH DAKOTA  
STATE

*Dissolution w/notice*

JAN 11 2022

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BANYAN MANAGEMENT GROUP 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:

Raymond G. Robison

(Name of Person)

Fox McCluskey Bush Robison, PLLC

(Firm/Company)

3461 SE Willoughby Blvd.

(Address)

Stuart, FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond G. Robison

(Name of Person)

772

287-4444

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

2002 JUN -3 PM 4:31  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**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: BANYAN MANAGEMENT GROUP LLC

Document number of Limited Liability Company is: L08000110863

Date of dissolution was: December 31, 2021

Description of information that must be included in a written claim:

Name and Address of Claimant

Amount of Claim

Whether Claim is Secured or Contingent

Detailed Description of Type of Claim

Date Claim Arose

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

C/O Graham Stikelether

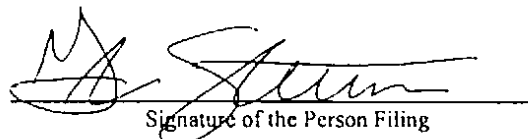
801 S. Ocean Drive, #1001 45 PINCKNEY LANDING DR

Ft. Pierce, FL 34949 SHELTON, SC 29941

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.

Graham Stikelether, Manager

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**