

L10000124356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

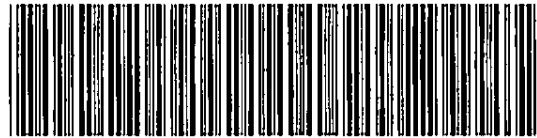
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DISC

Office Use Only



900312026679

04/19/18--01012--027 **25.00

FILED

18 MAY -3 AM 11:27

SHARON NE STAFF
1012435679

K SALY
MAY -9 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NCB 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:

W. Blake Fugate

(Name of Person)

Norm D. Fugate, PA

(Firm/Company)

Post Office Box 98

(Address)

Williston, Florida 32696

(City/State and Zip Code)

For further information concerning this matter, please call:

W. Blake Fugate

(Name of Person)

at (352) 528-0019

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
18 MAY -3 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
NCB Tavern LLC

2. The Articles of Organization were filed on 12/02/2010 and assigned
document number L10000124356

3. The delayed effective date the dissolution is 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.

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 pursuant to
605.0701 (2)

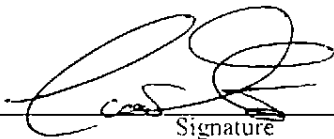
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

Scott Guthrie

1627 N. Young Blvd

Chiefland, Florida 32626

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

Scott Guthrie

Printed Name

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2018

NORM D. FUGATE, PA
W. BLAKE FUGATE
P.O. BOX 98
WILLISTON, FL 32696

SUBJECT: NCB TAVERN, LLC
Ref. Number: L10000124356

We have received your document for NCB TAVERN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the 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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 218A00008186

RECEIVED
2018 MAY -3 AM 10:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA