

L14000079590

VIN

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

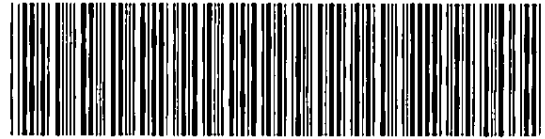
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/30/23--01/03--017 **25.00

2023 JAN 30 PM 0:28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Notice of Dissolution

DOCUMENT NUMBER: L14000079590 THE BOARDWALK FOOD COMPANY, LLC

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Roberts

(Name of Contact Person)

Roberts Law, PLLC

(Firm/Company)

2075 Main Street, Suite 23

(Address)

Sarasota, FL 34237

(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly Roberts

(Name of Contact Person)

at (941)
(Area Code)

444-9783

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status & 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

Notice of Limited Liability Company Dissolution

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: THE BOARDWALK FOOD COMPANY, LLC

Document number of Limited Liability Company is: L14000079590

Date of dissolution was: 10/18/2023

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

Name, address, and contact for the claimant.

Amount claimed to be owed as well as the executed contract and/or document supporting the amount alleged to be owed.

Date that alleged payment was due and the date of the most recent payment received from Company.

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

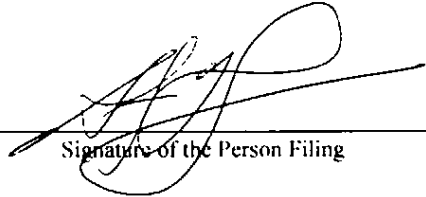
6261 Parmeron Lane

Sarasota, Florida 34231

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.

Andrew P. Yochum

Printed Name of the Person Filing


Signature of the Person Filing