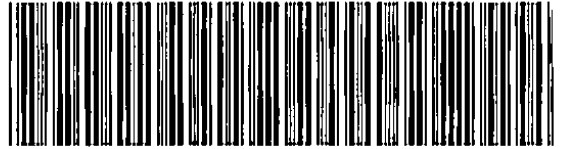


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(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: City Tap House WPB, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Ross, Paralegal

\_\_\_\_\_  
Name of Person

Miller & Martin PLLC

\_\_\_\_\_  
Firm/Company

832 Georgia Avenue, Suite 1200

\_\_\_\_\_  
Address

Chattanooga, Tennessee 37402

\_\_\_\_\_  
City/State and Zip Code

Elizabeth.ross@millermartin.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Ross

at ( 423 ) 785-8407

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STATEMENT OF TERMINATION**

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

**FIRST:** The name of the limited liability company is: CITY TAP HOUSE WPB, LLC

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**SECOND:** The Florida Document number of the limited liability company is: L15000105683

**THIRD:** The date of filing of the initial articles of organization is: June 19, 2015

**FOURTH:** The date of filing of the dissolution is: September 13, 2019

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

  
\_\_\_\_\_  
Signature of Authorized Representative

Chris Coco  
\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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19 OCT -7 PM 11:21  
STATE OF FLORIDA  
TALLAHASSEE