

L22000057842

(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



400396760084

FILED

2022 NOV -2 AM 9:54

CLERK OF STATE  
TALLAHASSEE, FL 32399

RECEIVED

2022 NOV -2 PM 3:54

ALLAHASSEE, FL 32399

A. BUTLER  
NOV - 3 2022



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **November 02, 2022**

Account#: I20000000088

Name: **KEN**

Reference #: **1815738**

Entity Name: **PORT ORANGE BURGER KING, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

**ISSUES? CALL**

**KEN:**

**518-213-0738**

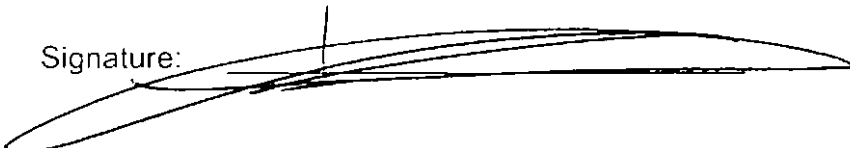
☒ **Dissolution/Withdrawal**

☐ Fictitious Name

☐ Other

**\*\*CERTIFIED COPY UPON FILING\*\***

Authorized Amount: **\$55.00**

Signature: 

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is Port Orange Burger King, LLC 2022 NOV -2 AM 9: 55
2. The Articles of Organization were filed on 2/14/2022 and assigned  
document number L22000057842
3. The delayed effective date the dissolution if not effective on the date of filing: 11/1/2022  
(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).  
closed down business via consent of all the 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: John Zachary Bonsall  
2188 SW Park Place, Suite 100  
Portland, OR 97205
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:

/s/ John Zachary Bonsall

Signature

John Zachary Bonsall

Printed Name

**FILING FEE: \$25.00**