

L99000003408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

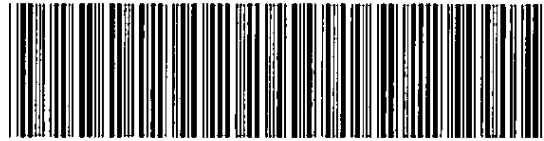
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700412335897

FILED

2023 AUG -3 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 AUG -3 PM 3:27

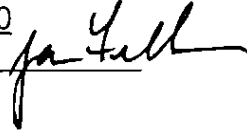
RECORDS SECTION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from I20210000160: \$100.00

Authorization Signature: _____

Bay Winds Lodging LLC L99000003408
BUSINESS DOC#



☐ **Certified Copy of Articles of Organization**

☐ **Certificate of Status**

NEW FILINGS

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Officer/Director
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other
- ☐ **CORP**
- ☐ **LLP**

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A. or member
- ☐ Dissolution
- ☐ Change of Registered Agent
- ☒ **Revocation of Dissolution**
- ☐ Merger
- ☐ **Conversion**
- ☐ **Amended and restated Articles**
- ☐ **Statement of Correction**

OTHER FILINGS

- ☐ **Trademark**
- ☐ Annual Report
- ☐ **NOTARY REGISTRATION**
- ☐ Fictitious Name
- ☐ **APOSTILLE**
- ☐ **Country**

REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bay Winds Lodging LLC

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tom White

Contact Person

Bay Winds Lodging LLC

Firm/Company

3557 Pine Ridge Road

Address

Naples, FL 34109

City, State and Zip Code

tom@whiteslodging.com

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

For further information concerning this matter, please call:

Tom White

Name of Contact Person

at (239)

Area Code

273-4999

Daytime Telephone Number

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

FILED

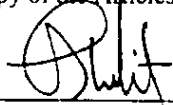
STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

2023 AUG -3 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: Bay Winds Lodging LLC
2. The document number of the company is L99000003408
3. The effective date the Dissolution was filed is 04/26/2023
4. The revocation of dissolution was authorized on 8/03/2023
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

FILED
Apr 26, 2023
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

BAY WINDS LODGING, L.L.C.

The document number of the limited liability company: L99000003408

The file date of the articles of organization: June 11, 1999

A description of occurrence that resulted in the limited liability company's dissolution:

THE BUSINESS (HAWTHORN SUITES BY WYNDHAM) HAS BEEN SOLD.

The name and address of the person appointed to wind up the company's activities and affairs:

THOMAS D WHITE
6930 DANIELS RD, COLLIER COUNTY, COLLIER C
NAPLES, FL 34109 UN

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: THOMAS D WHITE

Electronic Signature of authorized person