

P99000089081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:

Caller 8/13 to correct
name on corp dissolution
RCG

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VOID w notice
RCG 8/17

TIMOTHY B. GAVIGAN, PLLC
ATTORNEYS AT LAW

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10700 SIKES PL., SUITE 375
CHARLOTTE, NORTH CAROLINA 28277

TIMOTHY B. GAVIGAN
tgavigan@gaviganlaw.com
ALSO A CERTIFIED PUBLIC ACCOUNTANT

TELEPHONE (704) 814-4460
FACSIMILE (704) 814-6017

August 9, 2004

Via FedEx

Florida Department of State
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: 6290-002
BNY Orlando, Inc. / Dissolution


Dear Sir or Madam:

Enclosed for filing with your office you will find an original and one copy of Articles of Dissolution and Notice of Corporate Dissolution of BNY Orlando, Inc. Also enclosed you will find a check in the amount of \$43.75 in payment of the filing fees.

After filing is complete, please return the certified copy of the articles to me. Do not hesitate to contact me with any questions you may have.

Yours very truly,

TIMOTHY B. GAVIGAN, PLLC



Timothy B. Gavigan

TBG:slc
Enclosures

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION OF BNY ORLANDO, INC.

DOCUMENT NUMBER: P99000089081

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIMOTHY B. GAVIGAN, ESQ.

(Name of Person)

TIMOTHY B. GAVIGAN, PLLC

(Name of Firm/Company)

10700 SIKES PLACE, SUITE 375

(Address)

CHARLOTTE, NC 28277

(City/State/and Zip Code)

For further information concerning this matter, please call:

TIMOTHY B. GAVIGAN, ESQ.

(Name of Person)

at (704) 814-4460

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Department of State:

BNY ORLANDO, INC.

SECOND: The document number of the corporation (if known): P99000089081

THIRD: The date dissolution was authorized: MAY 28, 2004

Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

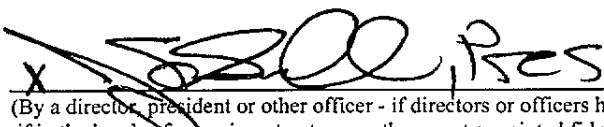
☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 3rd day of August, 2004.

Signature: X 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

JOHN L. SULLIVAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: BNY ORLANDO, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Claims must be in writing and include the name of the claimant, the amount of the claim, and a short summary of
the basis for the claim.

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

BNY ORLANDO, INC.

c/o TIMOTHY B. GAVIGAN, PLLC

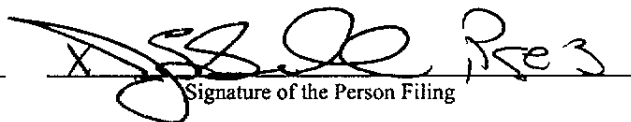
10700 SIKES PLACE, SUITE 375

CHARLOTTE, NC 28277

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JOHN L. SULLIVAN, PRESIDENT

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00