# 115000017605

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(2001)
Certified Copies Certificates of Status
Certified Copies Certificates of Olatus
Special Instructions to Filing Officer:

Office Use Only



900307189529

01/02/18--01010--004 \*+25.00

MACREMAN OF COMPARATIONS
18 JAN -2 ANTI: 16

K. SALY JAN - 3 2018

## **COVER LETTER**

Division of Corporations	
SUBJECT: BIAT, LLC (Name of Limited Liability Company)	
(Name of Limited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
· · · · · · · · · · · · · · · · · · ·	
Giran	
GLENN BAKEN (Name of Person)	
BIAT LLC (Firm/Company)	
(Firm/Company)	
1423 E. HillsBono Blue # 616 (Address)	
(Address)	
DEENFIELD BEACH, FL 3344/ (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (702) 885-6051  (Name of Person) (Area Code & Daytime Telephone Number)	
(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee and Certificate of Dissolution  □ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
MAIL INC ADDRESS	

#### MAILING ADDRESS:

TO:

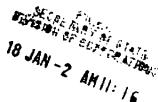
Registration Section

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

#### STREET/COURIER ADDRESS:

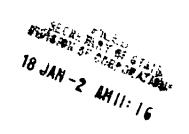
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liab	ility company is		·	- AM //: /
BIAT L	LC			, 
2. The Articles of Organization	on were filed on/_	15-15	and assigned	
document number	0000 17605			
3. The delayed effective date (effective Note: If the date inserted in listed as the document's effective date.	this block does not meet t	the applicable statutor	y filing requirements, this dat	or filing) te will not be
4. A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the lin (copy 605.0707 on bac	nited liability compa k cover letter).	any's dissolution pursuant	to section
RESTAURANT WEN	TOUT OF AUSINE	IS IN FEB	2017	
· <u>-</u>				
5. If there are no members, en	ter the name and addre	ss of the person app	ointed to wind up the com	pany's
activities and affairs:	GLENN BAK	EL	·· · · · · · · · · · · · · · · · · · ·	
		<del></del>		
				<del></del>
<ol> <li>Signature of an authorized p isted above to wind up the cor</li> </ol>	person or if there are no npany's activities and a	members, the signa offairs:	iture of the person appoint	ed and
She - Nh		GLENN W	- Bakét Printed Name	
Signature		<del> </del>	Printed Name	

FILING FEE: \$25.00



# Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

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: BIAT, LLC
Document number of Limited Liability Company is: L 150000 17605
Date of dissolution was: 12-21-17
Description of information that must be included in a written claim:
NAME OF CLAIMANT, AMOUNT OF CLAIM, PURPOSE OF CLAIM, CONTACT INFORMATION
TO DISCUSS SUCH CLAIM, IDENTIFY HOW THE CLAIM PERTAINS TO BIAT, LLC,
PROVIDE COMY OF AGREEMENT OR CONTRACT SUPPORTING THE CLAIM
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1423 E. HILLSBORD BLVB. # 616
DEFAFIELD NEACH, FL 33441
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.
Gran Baker

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Signature of the Person Filing

Printed Name of the Person Filing