

L15000017605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

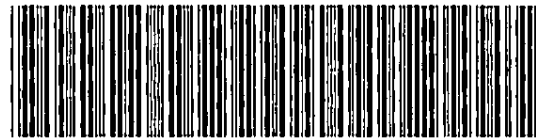
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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

FILED  
TOLSON  
DIVISION OF CORPORATE AFFAIRS  
18 JAN -2 AM 11:16

K. SALY  
JAN -3 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BIAT, LLC

(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:

GLENN BAKER

(Name of Person)

BIAT, LLC

(Firm/Company)

1423 E. HILLSBORO BLVD # 616

(Address)

DEERFIELD BEACH, FL 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

GLENN BAKER

(Name of Person)

at ( 702 ) 885-6051

(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)

### MAILING ADDRESS:

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

SECRET  
DEPARTMENT OF EDUCATION  
18 JAN -2 AM 11:16

- Glenn W. Baker Glenn W. Baker

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

RECEIVED  
DIVISION OF CORPORATIONS  
18 JAN -2 AM 11:16

**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: L15000017605

Date of dissolution was: 12-31-17

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 COPY 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. HILLSBORO BLVD. #616  
DEERFIELD BEACH, 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.

GLENN BAKER

Printed Name of the Person Filing



Signature of the Person Filing

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