

118000275661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

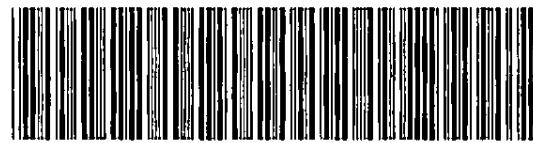
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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ORVISON PARK STATE
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BWZ, 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:

Kathleen A. Zingre

(Name of Person)

(Firm/Company)

3218 35th Ave. N

(Address)

St. Petersburg, FL 33713

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen A. Zingre

727 526-9897

(Name of Person)

at () (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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

BWZ, LLC

2. The Articles of Organization were filed on November 29, 2018 and assigned

document number L18000275661

3. The delayed effective date the dissolution if not effective on the date of filing:

(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).

complete liquidation of the company

5. If there are no members, enter the name and address of the person appointed to wind up the company's

activities and affairs:

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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:

DocuSigned by:

Kathleen A. Zingre

TS8F1E6E81624AD

Signature

Kathleen A. Zingre

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: BWZ, LLCC

Document number of Limited Liability Company is: L18000275661

Date of dissolution was: 2/17/2021

Description of information that must be included in a written claim:

The amount of the claim.

The date the claim arose.

The name and address of the claimant.

The name, address, telephone number and email address of the person handling the claim.

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

Kathleen A. Zingre

3218 35th Ave. N

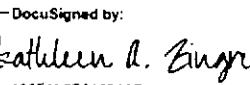
St. Petersburg, FL 33713

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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.

Kathleen A. Zingre

Printed Name of the Person Filing

DocuSigned by:


130511000000000000

Signature of the Person Filing

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