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(Requestor's Name)
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(Address)
(Address)
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(City/State/Zip/Phone #)
(Chyroddollar Hollow)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Opcolar mediations to 1 ming officer.
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W J With note

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: DISSOLUTION OF B.	C.D.L.Z, INC	
DOCUMENT NUMBER: POZ 0000 5	7434	
The enclosed Articles of Dissolution and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
CINDIE A. UNGER (Name of Conta		
(Name of Conta	ct Person)	
GOLd'S GYM (Firm/Con		
(Firm/Con	npany)	
203 38 +h Avenue Nor	1 <i>H</i>	
(ridures)	? <i>)</i>	
ST. PETERS burs FL (City/State and	33704	
(City/State and Zip Code)		
For further information concerning this matter, p	lease call:	
CINDIE A. UNBER (Name of Contact Person)	at (727) 551-0486 Y 101 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	•	
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \$\sum \\$4 \text{S43.75 Filing Fee & Certificate of Status}\$\$ Certificate of Status	3.75 Filing Fee & \$\sum \$\\$52.50 Filing Fee, ortified Copy Certificate of Status & dditional copy is Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327	Clifton Building	
Tallahassee FI 37314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles 3: 57 of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	B.C.D.L.2, INC.		
SECOND:	The document number of the corporation (if known): POZ 0000 57434		
THIRD:	The date dissolution was authorized: $\frac{1/31/09}{}$		
-	Effective date of dissolution if applicable: 2/1/09 (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 the shareholders through voting groups.		
i	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)		
-	Signature: (By a director, president or other officer - if director, 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)		
•	CINDIE A. UNGER		
(Typed or printed name of person signing)			
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35

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. B.C.D.L. Z, INC. Name of Corporation: 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: NAME | Address of chaimant; date goods/senvices/product
WAS delivered to corporation; description of goods/senvices/ Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 203 38+h AVPNUE, NOV+H ST PETERS BUPL, FL 33704 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. CINDIE A. UNGE

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