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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BAY AREA COUNSELING & PSYCHIATRY INC.

**DOCUMENT NUMBER:** P06000000832

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

Please return all correspondence concerning this matter to the following:

James Mathieu, Esq

(Name of Contact Person)

Law Offices of James Mathieu, Esq

(Firm/Company)

7710 Grand Blvd.

(Address)

Port Richey, Florida 34668

(City/State and Zip Code)

For further information concerning this matter, please call:

James Mathieu, Esq.

(Name of Contact Person)

at ( 727 )

844-5000

(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, FL 32314

**STREET ADDRESS:**

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

**PRESIDENT AND DIRECTOR**

(Title of Person Signing)

**Filing Fee: \$35**