(Re	equestor's Name)	
(Ac	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phono	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	······································
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

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TO: Amendment Section Division of Corporations	
SUBJECT: BHC SERVICES, INC.	
DOCUMENT NUMBER: P06000029277	
The enclosed Articles of Dissolution and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	ee following:
MARIA ROSARIO MAGANA AGUILA	AR
(Name of Contact Person)	
BHC SERVICES, INC.	1000
(Firm/Company)	, t
140 NW 79TH AVE	
(Address)	•
MARGATE, FL 33063	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MARIA ROSARIO MAGANA AGUILAR at (954	793-7477
	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
_	
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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: BHC SERVICES, INC.
SECOND: THIRD:	The document number of the corporation (if known): P06000029277 The file date of the articles of incorporation: 02/06/2006
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	✓ The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: (By a prector, president or other officer - if diseases are not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	MARIA ROSARIO MAGANA AGUILAR (Typed or printed name of person signing)

Filing Fee: \$35

(Title of Person Signing)

PRESIDENT