## P080000032914

(Re	equestor's Name)	<del></del>
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(Cit	ty/State/Zip/Phone	#)
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## COVER LETTER .

TO: Amendment Section Division of Corporations	•	
SUBJECT: Corporate Dissolution		
DOCUMENT NUMBER: P08000032914		
The enclosed Articles of Dissolution and for	ee are submitted for filing	<u>,</u>
Please return all correspondence concerning	g this matter to the follow	ring:
Lawrence Shepard		
(Name of	Contact Person)	
BAY AREA WEIGHT LOSS & FITNESS SOLUT	TONS, INC.	
(Firm	n/Company)	
PO BOX 272450		
(Ac	ddress)	
Tampa, FL 33618		
(City/Stat	te and Zip Code)	
For further information concerning this mat	tter, please call:	
Lawrence Shepard	at ( <sup>(813)930-8455</sup>	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	nt:	
□ \$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	Amen Divisi	t Address: Idment Section Ion of Corporations Tentre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## FILED

## ARTICLES OF DISSOLUTION

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Pursuant to section 607.1403. Florida Statutes, this Florida profit corporation submits the following affects of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	BAY AREA WEIGHT LOSS & FITNESS SOLUTIONS, INC.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable: 12/31/2021		
	(no more than 90 days after dissolution file date)  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.		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.		
:	Signature: Dame & July D		
	(By a director, president or other officer - if directors 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)		
	LAWRENCE SHEPARD		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35