P97000045432

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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11/10/21--01410--014 #30.94

2021 HOY 19 PH 2: 1

EFFECTIVE DATE

AMDISS.

DEC 1 0 2021 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

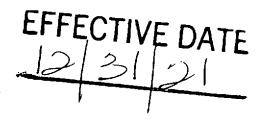
SUBJECT: CORPORATE DISSOLUTION	
DOCUMENT NUMBER: P97000045432	2
The enclosed Articles of Dissolution and	I fee are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
BRUCE A. WEST	
(Name o	of Contact Person)
B. A. WEST CORPORATION	
(Fi	rm/Company)
349 PLANTATION CLUB DR.	
(,	Address)
DEBARY, FL 32713-2227	
(City/S	tate and Zip Code)
For further information concerning this m	natter, please call:
BRUCE A. WEST	at (407-808-6488
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	· · · · · · · · · · · · · · · · · · ·

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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



ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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				
	B. A. WEST CORPORATION				
SECOND:	The document number of the corporation (if known): P97000045432				
THIRD:	The date dissolution was authorized: NOVEMBER 1, 2021				
	Effective date of dissolution if applicable: DECEMBER 31, 2021				
	(no more than 90 days after dissolution Note: If the date inserted in this block does not meet the applicable statutory filing requirem not be listed as the document's effective date on the Department of State's records.		 ate will		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.				
S	Signature: (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)	2021 11(1) 1 9 PH 2: 16			
	BRUCE A. WEST				
	(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.

Name of Corporation: B. A. WEST CORPORATION	
The above named corporation is the subject of dissolution and the effective date of a dissolution is:	/21
(date filed with the Dept, if date specified in the Articles of Dissolution)	
Description of information that must be included in a claim:	
DATE OF CLAIM	
DETAILS OF CLAIM	
PROOF OF PRIOR SUBMISSION TO CORPORATION	
FULL VALUE OF CLAIM STATED	
PROOF OF COLLECTION EFFORTS MADE	
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations B. A. WEST CORP.	s)
C/O BRUCE A. WEST	_
349 PLANTATION CLUB DR.	
DEBARY, FL 32713-2227	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is convicting a start the filing of this notice.	ommence

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

BRUCE A. WEST

Printed Name of the Person Filing