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(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION OF B.	C.D.L. ENTER PRISES, INC.
DOCUMENT NUMBER: P99 0000 2	7534
The enclosed Articles of Dissolution and fee are sub	emitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Cinde A. Ungere (Name of Contact P	
Golds Gym (Firm/Compan	
(Firm/Compar	ny)
203 38th Avenue (Address)	North
(Address)	
SI PETERI hull-	E1. 33714
51 PEIERI bulb, (City/State and Zip	Code)
For further information concerning this matter, pleas	e call:
(Name of Contact Person) at (727) 551-0486 X 101 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certifi	5 Filing Fee & \$\Bigsquare\ \\$52.50 Filing Fee, ed Copy
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 607.1403, Florida Statutes, this Florida profit corporation submits the

of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: B.C.D.L. ENTER PRISES, INC. The document number of the corporation (if known): P 99 8000 275 34 SECOND: The date dissolution was authorized: THIRD: Effective date of dissolution if applicable: 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. 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 directors or off an incorporator - if in the hands of a receiver, trustee, of other court appointed fiduciary, by that fiduciary)

Filing Fee: \$35

Notice of Corporate Dissolution

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. C. D. L. ENTERPRISES, INC.	
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 Claimant; Amount of claim; date that goods / seruxes / products were delivered to corporation	
that goods / serux-s / products were delivered to corporation	'n
description of goods / services/froduct	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
203 38th Avenue North	
203 38th Avenue North ST PETENSBURG 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.	

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