

L18 0000 29369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

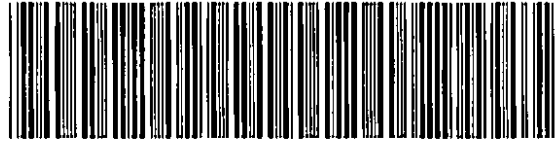
(Business Entity Name)

(Document Number)

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19 APR 28 PM 2:36  
TALLAHASSEE, FLORIDA

O SIMMONS

MAY 02 2019

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Oviedo Pediatric Dentistry PLLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alma L. Correia  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

133 Calabria Springs Cove  
(Address)

Sanford, FL 32771  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alma Correia at (401) 996-7517  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is .

Oviedo Pediatric Dentistry PLLC

2. The Articles of Organization were filed on 2/1/18 and assigned

document number B2-4318016 (employee ID#)

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Practice listed above never ended up opening. Decision made to hold off on practice at this time.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Alma Correia  
133 Calabria Springs Cove  
Sanford FL 32771

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

Alma L. Correia  
Printed Name

FILING FEE: \$25.00

FILED  
19  
APR 28  
AM 2 36  
STATE OF FLORIDA  
DEPARTMENT OF STATE