

FILED
Jun 04, 2023
Secretary of State

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.

Name of Corporation:

ALMENARES DENTAL CARE 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:

VOLUNTARY RESIGNED,NO LONGER ASSOCIATED WITH SAID CORPORATION. AS OF 2ND OF JUNE,2023 I HAVE RESIGNED AND DISSOLVED MY OCCUPATIONAL AND PROFESSIONAL LICENCE AT SAID LOCATION FOR REASON OF IRREGULARITIES, LEGAL BREACHES, UNAPPROVED CONDUCT

Mailing address where claims can be sent:

2441 SW 22 ST
MIAMI, FL 33145 UN

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: HUMBERTO VAZQUEZ

Electronic Signature of the Person Filing