511518

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(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
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SECRETARY OF STATE
TALLAHASSET FINES

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Roger A. Fine, D.D.S., P.A. Voluntar	y Corporate Dissolution	
DOCUMENT NUMBER: 511518		
The enclosed Articles of Dissolution and fe	e are submitted for filing.	
Please return all correspondence concerning	this matter to the followi	ng:
Roger A. Fine, D.D.S.		
(Name of C	Contact Person)	• • • • • • • • • • • • • • • • • • •
Roger A. Fine, D.D.S., P.A.		
(Firm	n/Company)	
6120 NW 99th Way		
(Ac	idress)	
Parkland, FL 33076-2572		
(City/Stat	e and Zip Code)	
For further information concerning this mar	ter, please call:	
Roger A. Fine	at (954) 260-1732	
(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
Tallahassee, FL 32314

Street Address:

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

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ARTICLES OF DISSOLUTION

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SECRETARY OF STATE
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:
	Roger A. Fine, D.D.S., P.A.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (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.
	1
	Signature: Kraul Inic, D. D.S.
	(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)
	Roger A. Fine, D.D.S.
	(Typed or printed name of person signing)
	President/Director

(Title of person signing)

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: Roger A. Fine, D.D.S., P.A.	
The above named corporation is the subject of dissolution and the effect 12/31/2021	ive date of a dissolution is:
(date filed with the Dept. if date specified in the Ar	rticles of Dissolution)
Description of information that must be included in a claim:	
Name, address, and phone number of claimant	
Description of claim	
Date obligation occurred	
Amount of claim	
Mailing address where written claims can be sent: (Claims cannot be sen	at to the Division of Corporations)
Roger A. Fine, D.D.S., P.A.	• • • • • • • • • • • • • • • • • • • •
6120 NW 99th Way	
Parkland, FL 33076-2572	
A claim against the above named corporation will be barred unless a proc within 4 years after the filing of this notice.	ceeding to enforce the claim is commenced
Roger A. Fine, D.D.S. Printed Name of the Person Filing	Rogu A. Juie, S. A.S. Signature of the Person Filing

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