

A16000000324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

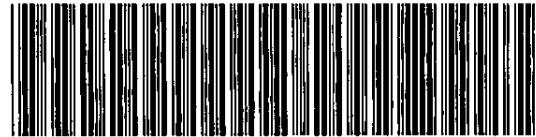
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/17/16--01016--013 **52.50

FILED
2016 NOV 17 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV 21 2016

JAMES A. SCHMIDT

ATTORNEY AT LAW

777 SOUTH HARBOUR ISLAND BLVD.
SUITE 215
TAMPA, FLORIDA 33602
TEL: 813.250.3700
FAX: 813.250.3701
WWW.SCHMIDTLAWOFFICE.COM

November 15, 2016

Sent by USPS Express Mail
No.: 9470103699300027013453

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

RE: Articles of Dissolution for The Pack Houz, LLC (Document Number: L16000010000)
and Certificate of Dissolution for LIF Dental Orlando LLLP (Document Number
A16000000324)

Dear Sir or Madame,

Please find the following documents regarding the above referenced matters:

The Pack Houz, LLC

1. The requested Cover Letter;
2. Articles of Dissolution;
3. Check no. 1126 in the amount of \$25.00 for the filing fee and automatic certificate of dissolution.

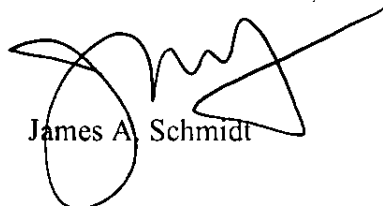
LIF Dental Orlando LLLP

1. The requested Cover Letter for LIF Dental Orlando LLLP;
2. Certificate of Dissolution for LIF Dental Orlando LLLP; and
3. Check no. 1125 in the amount of \$52.50 for the filing fee.

Thank you in advance for your assistance. Please do not hesitate to contact us with any questions or concerns.

Very truly yours,

JAMES A. SCHMIDT, P.A.


James A. Schmidt

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIF DENTAL ORLANDO LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

JAMES A. SCHMIDT

(Contact Person)

JAMES A. SCHMIDT, P.A.

(Firm/Company)

777 S. HARBOUR ISLAND BLVD., STE 215

(Address)

TAMPA, FL 33602

(City, State and Zip Code)

For further information concerning this matter, please call:

VICTOR CRUZ

(Name of Contact Person)

at (813) 808-3142

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

**CERTIFICATE OF DISSOLUTION
FOR**

FILED
2016 NOV 17 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIF DENTAL ORLANDO LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on July 7, 2016, assigned Florida document number A16000000324, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

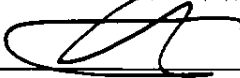
The partnership is submitting a dissolution based on consent of all the partners.

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:



Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75