

J58599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

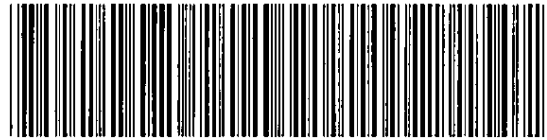
(Business Entity Name)

(Document Number)

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2024 NOV 15 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2024

DR DENNIS P MOHNEY  
2584 LINCOLN Ave  
COCONUT GROVE, FL 33133

SUBJECT: DENNIS P. MOHNEY, D.D.S., P.A.  
Ref. Number: J58599

We have received your document for DENNIS P. MOHNEY, D.D.S., P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

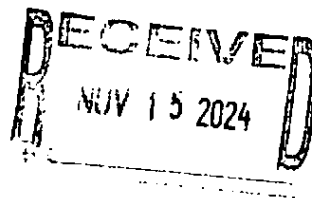
The form you submitted is for a FLORIDA LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN  
Regulatory Specialist II

Letter Number: 124A00023014



COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Dissolution of S-Corp

DOCUMENT NUMBER: J 58599

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Dennis Mohnney  
(Name of Contact Person)

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

2584 Lincoln Ave  
(Address)

Coconut Grove, FL 33133  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dennis Mohnney at ( 305-389-4632 )  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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)

\$25 Previously  
\$10 Now  
\$35

**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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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

## ARTICLES OF DISSOLUTION

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:

Dennis P Mohny DDS PA

SECOND: The document number of the corporation (if known): J58599

THIRD: The date dissolution was authorized: 9-30-24

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.

I am the only shareholder

Signature: [Signature]  
(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)

Dennis Mohny DDS  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FL