

L00000002416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
2016 DEC -5 AM 9:54  
RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
16 DEC -5 PM 3:27

K. SALY  
DEC -6 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HARMONY DENTAL, LLC  
(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:

\_\_\_\_\_  
(Name of Person)

INCORPORATING SERVICES, LTD.

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

\_\_\_\_\_  
(Address)

TALLAHASSEE, FL 32301

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

MELISSA

\_\_\_\_\_  
(Name of Person)

at (\_\_\_\_\_) \_\_\_\_\_

656-7956

\_\_\_\_\_  
(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**

**FILED**  
**2016 DEC -5 AM 9:54**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is  
Harmony Dental, LLC

2. The Articles of Organization were filed on 03/02/2000 and assigned  
document number L00000002416

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).

\_\_\_\_\_  
All assets of the company has been sold to a third party in 2015 and its affairs are now being wound up.  
\_\_\_\_\_  
\_\_\_\_\_

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

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

JOHN LOH  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Harmony Dental, LLC

Document number of Limited Liability Company is: L00000002416

Date of dissolution was: Upon filing

Description of information that must be included in a written claim:

The claim must include the name and address of the  
claimant, a statement of the facts or circumstances constituting  
the basis of the claim, the amount of the claim, and whether the claim is secured  
unliquidated, contingent, the nature of the security or the nature of the uncertainty.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Carney Badley Spellman PS

Attn: Susan Schalla

701 Fifth Avenue, Suite 3600

Seattle, WA 98104

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JOHN LOH

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**

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TALLAHASSEE, FLORIDA