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(Re	questor's Name	1
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section Division of Corporations

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)

(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:

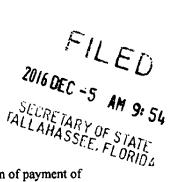
Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2016 pc	ILED
TALLAHASSE	
"ASSE	E. 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
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 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. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
<u>_</u>	JOHN LOH Signature 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: L0000002416
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.

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