L05000104311

(Requestor's Name)		
(Address)		
(Address)		
<u>.</u>		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
T TOTO WAIT		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		

Special Instructions to Filing Officer:

L. SELLERS

MAY: 2 0 2009

EXAMINER

Office Use Only



400150816524

04/20/09--01052--020 **25.00

SECRETARY OF STATE

MAY 19 AM 8:01

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sean P. Cooney, DMD & Associates, PLLC		
(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:		
Sean P. Cooney, DMD		
(Name of Person)		
9623 (Firm/Company)		
Great Egret Court		
(Address)		
West Palm Beach, FL 33411		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Sean P. Cooney, DMD at (561) 310-3754		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2009

SEAN P. COONEY DMD 9623 GREAT EGBET COURT WEST PAEM BEAGH, EL 33411 120 Ridgeview Dr. Saint Robert-MD 65584

SUBJECT: SEAN P. COONEY, D.M.D. & ASSOCIATES, PLLC

Ref. Number: L05000104311

We have received your document for SEAN P. COONEY, D.M.D. & ASSOCIATES, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 809A00013433

Note that the second of the second second of the second of

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 09 MAY 19 AM 8: 01

 The name of a limited liability company is Sean P. Cooney, DMD & Associates, PLLC 	SECRETARY OF STATE TALLAHASSEE FLORIDA
2. The Articles of Organization were filed on Oct 20, 200 L05000104311	5 and assigned document number
3. The date the dissolution was approved:Mw_1 2009	·
4. A description of occurrence that resulted in the limited liability 608,441, Florida Statutes, (copy 608,441 on back cover letter PLLC is no longer in operation.	y company's dissolution pursuant to section).
5. CHECK ONE:	
All debts, obligations and liabilities of the limited lia	bility company have been paid or discharged.
Adequate provision has been made for the debts, obl	gations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been distributed amor rights and interests. 	g its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the company in an	y court.
Adequate provision has been made for the satisfaction entered against it in any pending suit.	n of any judgment, order or decree which may be
signatures of the members having the same percentage of members	hip interests necessary to approve the dissolution:
Signature	Printed Name
	Sean P. Cooney, DMD
	