

# LD5000118215

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

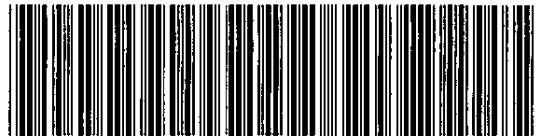
\_\_\_\_\_  
(Document Number)

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Certificates of Status \_\_\_\_\_

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**FILED**  
09 APR 23 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. O. ~~Quinn~~ APR 24 2009

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C. F. John Fang Family Dentistry 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:

Chihfeng Fang

(Name of Person)

C. F. John Fang Family Dentistry LLC

(Firm/Company)

2843 SE 17th Street

(Address)

Ocala, FL 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

Chihfeng Fang

(Name of Person)

at ( 352 ) 620-2347

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
09 APR 23 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

C. F. John Fang Family dentistry LLC

2. The Articles of Organization were filed on December 12, 2005 and assigned document number L05000118215

3. The date the dissolution was approved: December 31, 2008

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Not Active

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

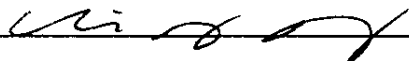
7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name



Chihfeng Fang

FILING FEE: \$25.00