

LD7000080945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

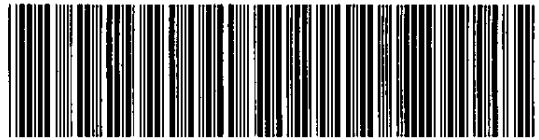
Special Instructions to Filing Officer:

L. SELLERS

MAY - '6 2009

EXAMINER

Office Use Only



300152672863

05/04/09--01011--018 **25.00

FILED
09 MAY -4 AM 8:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dental Careers Institute of South Florida, L.L.C.
(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:

Steven H Feit

(Name of Person)

Dental Careers Institute of South Florida, L.L.C.

(Firm/Company)

9101 LAKERIDGE BLVD. STE. 22 PMB1026

(Address)

Boca Raton, FL 33496

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven H. Feit

(Name of Person)

at (561) 350-0335

(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 MAY -4 AM 8: 05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is
Dental Careers Institute of South Florida, L.L.C.

2. The Articles of Organization were filed on August 7, 2007 and assigned document number
L07000080945

3. The date the dissolution was approved: April 6, 2009

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).

There never was any business activity. There is no longer any interest to conduct this business.

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.

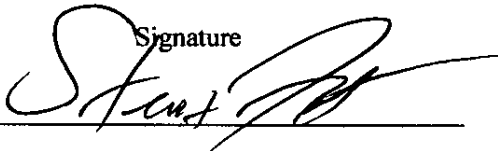
6. All remaining property and assets have been distributed among its members in accordance with their respective
rights and interests.

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

Steven H. Feit