

L08000010124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

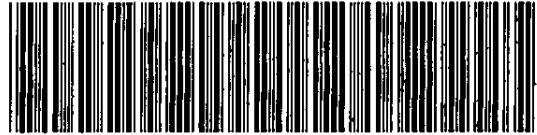
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/12/10--01053--013 **35.00

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10 APR 19 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 20 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2010

GWENDOLYN TRAYLOR
6231 MORNING DRIVE
PORT ORANGE, FL 32127

SUBJECT: COMPLETE DENTURE RESOURCES, LLC
Ref. Number: L08000010124

We have received your document for COMPLETE DENTURE RESOURCES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 710A00009003

FILED
10 APR 19 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete Denture Resources, 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:

Gwendolyn A. Traylor
(Name of Person)

Complete Denture Resources, LLC
(Firm/Company)

6231 Morning Drive
(Address)

Port Orange, FL 32127
(City/State and Zip Code)

For further information concerning this matter, please call:

Gwen Traylor at (386) 756-9659
(Name of Person) (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)

previously
submitted
check for \$35.00

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

FILED
10 APR 19 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Complete Denture Resources, LLC

2. The Articles of Organization were filed on 01-29-2008 and assigned document number

L08000010124

3. The date the dissolution was approved: 3-01-2010

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 enough income generated

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 ss. 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.

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10 APR 19 PM 12:49
CLERK OF STATE
ALLAHSEE, FLORIDA

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

Signature

Gwendolyn A. Traylor

Printed Name

Gwendolyn A. Traylor