

**LD80000 76056**

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

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

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

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

☐ PICK-UP    ☐ WAIT    ☐ MAIL

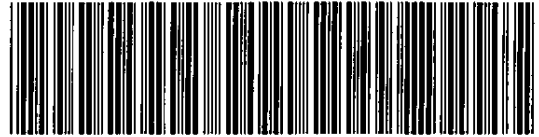
\_\_\_\_\_  
(Business Entity Name)

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

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**800153095058**

04/29/09--01035--001    \*\*25.00

**FILED**  
2009 APR 29 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**M. THOMAS**

APR 30 2009

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ivory 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:

Sook J Kim.  
(Name of Person)

(Firm/Company)

4392 Bluejack Ridge Ave.  
(Address)

Apopka FL. 32712  
(City/State and Zip Code)

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2009 APR 29 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
\$25.00  
#1213  
4/23/09

For further information concerning this matter, please call:

Sook Kim at (407) 489-7630  
(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)

**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**

1. The name of a limited liability company is

Ivory family Dentistry.

2. The Articles of Organization were filed on 8/18/2008 and assigned document number

L08000076056.

3. The date the dissolution was approved: 10/15/2008

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).

Business closed.

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.

FILED  
2008 APR 25 AM 10:25  
STATE OF FLORIDA  
TALLAHASSEE

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

Signature

Printed Name

AO 16

SOOK KIM