

Division of Corporations

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000413003 3)))



H240004130033ABCR

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RASCO KLOCK PEREZ &amp; NIETO, P.L.

Account Number : 104076000124

Phone : (305)476-7100

Fax Number : (305)476-7102

RECEIVED

2024 DEC 16 PM 2:25

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

### LLC DISSOLUTION OR WITHDRAWAL

### SIGMA DENTAL OF KISSIMMEE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2024 DEC 16 PM 10:16

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIGMA DENTAL OF KISSIMMEE, 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:

ANDRES E. BAZO

\_\_\_\_\_  
(Name of Person)

RASCO KLOCK PEREZ & NIETO, P.L.

\_\_\_\_\_  
(Firm/Company)

2555 PONCE DE LEON BLVD SUITE 600

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

CORAL GABLES FL 33134

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDRES E. BAZO

\_\_\_\_\_  
(Name of Person)

305

4767100

at (

\_\_\_\_\_)\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

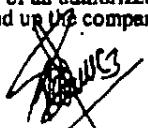
**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
SIGMA DENTAL OF KISSIMMEE, LLC
2. The Articles of Organization were filed on 09/11/2008 and assigned  
document number L08000087957
3. The delayed effective date the dissolution if not effective on the date of filing:  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
THE MEMBERS HAVE DECIDED TO CEASE OPERATIONS AND FORMALLY DISSOLVE THE LLC

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

  
\_\_\_\_\_  
Signature

ROGER SWIDORNICZ  
ACTING ON BEHALF OF SIGMA DENTAL INC  
DESIGNED MANAGER OF  
SIGMA DENTAL OF KISSIMMEE LLC

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

2008 DEC 15 10:14

FILED

### Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: SIGMA DENTAL OF KISSIMMEE, LLC

Document number of Limited Liability Company is: L08000087957

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

**DESCRIPTION OF CLAIM, INCLUDING DATE, AMOUNT AND NATURE**

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2102 EAST OSCEOLA PKWY SUITE 2102 & 2104 KISSIMMEE FL 34743

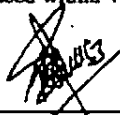
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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.



Printed Name of the Person Filing

ROGER SWIDORNICZ  
ACTING ON BEHALF OF SIGMA DENTAL INC  
DESIGNED MANAGER OF  
SIGMA DENTAL OF KISSIMMEE LLC

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**