

L090000000798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

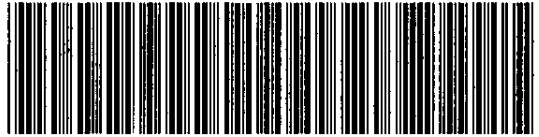
(Document Number)

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

Special Instructions to Filing Officer:

**A. LUNT**  
FEB 26 2010  
**EXAMINER**

Office Use Only



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02/25/10--01035--003 \*\*60.00

2010 FEB 25 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

February 21, 2010

State of Florida  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32313

FILED  
2010 FEB 25 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE: Tmdent Enterprises, LLC  
Document No. LO9000000798

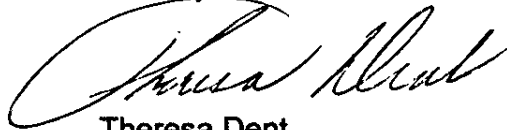
To Whom It May Concern:

This letter will serve as confirmation of my desire to dissolve TMDent Enterprises, LLC. I am the sole member and own 100% of the business. Enclosed please find the following:

1. Cover Letter
2. Articles of Dissolution for a Limited Liability Company
3. My check in the amount of \$60.00.

Please forward correspondence acknowledging that this corporation has been closed and is considered "inactive".

Thank you,



Theresa Dent  
5 Live Oak Avenue  
Yalaha, FL 34797  
Home (352) 324-2578  
Work (407) 629-2208

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TM DENT ENTERPRISES 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:

THERESA DENT  
(Name of Person)

TM DENT ENTERPRISES LLC  
(Firm/Company)

5 LIVE OAK AVE  
(Address)

VALAROA, FL 34797  
(City/State and Zip Code)

For further information concerning this matter, please call:

THERESA DENT at ( 407 ) 629-2208  
(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

THDENT ENTERPRISES LLC

2. The Articles of Organization were filed on

1/5/09

and assigned document number

LO9000000798

3. The date the dissolution was approved:

2/21/10

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).

PER 608.441(d) I AM the ONLY member OF the CORPORATION &  
Desire to dissolve the CORPORATION.

**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.

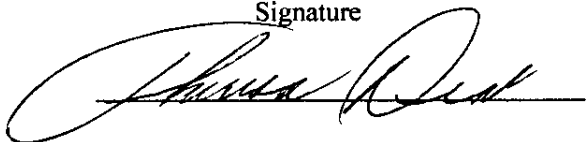
-OR-



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

THERESA DENT