

LO9000038265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

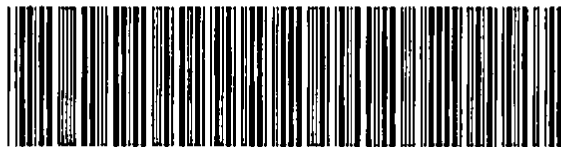
(Document Number)

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Certificates of Status

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noted*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: pdrGRAYSON Dental Lab, 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:

Christopher R. Fischer

(Name of Person)

pdrGRAYSON Dental Lab, LLC

(Firm/Company)

10175 Fortune Parkway Unit 405

(Address)

Jacksonville/Florida 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher R. Fischer

904

519-6650

at (_____) _____

(Name of Person)

(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

pdrGRAYSON Dental Lab, LLC

2. The Articles of Organization were filed on April 21, 2009 and assigned

document number LL09000038265

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).

Unanimous consent of the sole Member.

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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

Christopher R. Fischer

Printed Name

FILING FEE: \$25.00

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: pdrGRAYSON Dental Lab, LLC

Document number of Limited Liability Company is: LL09000038265

Date of dissolution was: January 11, 2021

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

A written claim should clearly state all events and factors giving rise to a claim. Additionally, all events and factors stated must be supported by primary source documents evidencing each event and factor, all of which are to be attached as an Addendum to the written claim. Finally, all written claims must attach a sworn affidavit by claimant affirmatively testifying, under penalty of perjury, that all statements of events, factors and claims are true.

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

pdrGRAYSON Dental Lab, LLC
10175 Fortune Parkway Unit 405
Jacksonville, Florida 32256

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.

Christopher R. Fischer
Printed Name of the Person Filing

Christopher R. Fischer
Signature of the Person Filing

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