

LO9000070455

(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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2022 AUG 12 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FL

C. BRUMBLEY

SEP 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SENIOR DENTAL CARE, 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:

Tammy Eddings

(Name of Person)

Husch Blackwell LLP

(Firm/Company)

4801 Main Street Suite 1000

(Address)

Kansas City, MO 64112

(City/State and Zip Code)

For further information concerning this matter, please call:

Tammy Eddings

(Name of Person)

816

983-8878

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

SENIOR DENTAL CARE, LLC

2. The Articles of Organization were filed on 7/22/2009 and assigned

document number L09000070455

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)

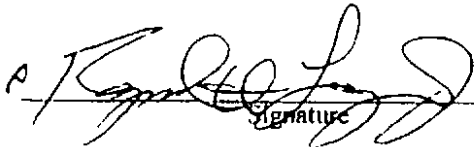
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 written consent of the member to 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

Raymond H. Layne, Jr.

Printed Name

FILING FEE: \$25.00

2022 AUG 12 PM 2:05
STATE OF FLORIDA
TALLAHASSEE, FL

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: SENIOR DENTAL CARE, LLC

Document number of Limited Liability Company is: L09000070455

Date of dissolution was: _____

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

All claims must include: the name and address of the claimant; the amount claimed;

the basis for the claim; and the date(s) on which the event(s) on which the claim is based occurred.

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

Husch Blackwell LLP

Attn. Tammy Eddings

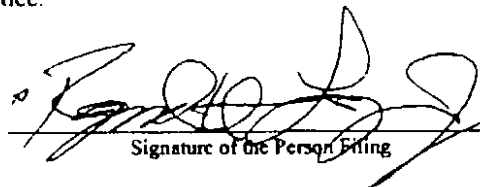
4801 Main Street Suite 1000

Kansas City, MO 64112

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.

Raymond H. Layne, Jr.

Printed Name of the Person Filing


Signature of the Person Filing

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

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2022 AUG 12 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FL