

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L09000116357**

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

**LLC DISSOLUTION OR WITHDRAWAL  
DENTALAND AVENTURA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

**FILED**  
2020 JAN 17 AM 11:33  
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JAN 21 2020

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

1. The name of a limited liability company is

DENTALAND AVENTURA, LLC

2. The Articles of Organization were filed on 12/08/2009 and assigned

document number 1.09000116557

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 consent of Dental Health Group, PA, the sole member of Dentaland Aventura, 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: \_\_\_\_\_

Robert Brody  
Signature

Robert Brody

Printed Name

**FILING FEE: \$25.00**

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