

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

**LLC DISSOLUTION OR WITHDRAWAL
DENTALAND DELRAY BEACH, LLC**

Certificate of Status	0
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
DENTALAND DELRAY BEACH, LLC

2. The Articles of Organization were filed on 12/08/2009 and assigned
document number 1.09000116561

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 Delray Beach, 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

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