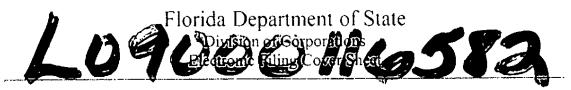
To: Page 2 of 3 Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000192113)))



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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 CORAL SPRINGS, LLC

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

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" SIMMONS JAN 21 2020

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is DENTALAND CORAL SPRINGS, LLC		
2.	The Articles of Organization were filed on 12/08/2009 and assigned	
	document number <u>L09000116582</u>	
3.	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 Coral Springs, LLC	
	ANII: 33	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	
	and the second s	
6. lis	. Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:	
	Robert Brody Signature Robert Brody Printed Name	
	Signature Printed Name	

FILING FEE: \$25.00