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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 FT. PIERCE, 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 FT. PIERCE, LLC
2,	The Articles of Organization were filed on 12/08/2009 and assigned
	document number L09000116969
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 Ft. Pierce, LLC
	-
	75. 8
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. 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 FEF: S25.00