

20210415
K09000119639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

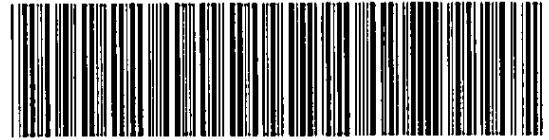
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/15/21--01014--013 **25.00

STATE DEPT. OF STATE
TALLAHASSEE, FLORIDA

2021 APR 15 AM 8:26

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Short Dental Lab 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:

Harry C Short

(Name of Person)

Short Dental Lab LLC

(Firm/Company)

2716 Warwick Terrace

(Address)

Palm Harbor, Florida 34685

(City/State and Zip Code)

For further information concerning this matter, please call:

Harry Short

727

7874331

at (_____) _____

(Name of Person)

(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

Short Dental Lab

2. The Articles of Organization were filed on 12/16/2009 and assigned

document number L09000119639

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).

business dissolved due to covid 19

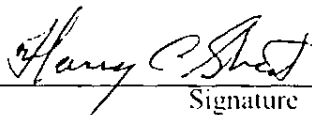
business dissolved due to covid 19

business dissolved due to covid 19

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Harry C Short

Printed Name

FILING FEE: \$25.00