

L11 000023733

(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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09/13/21--01029--004 **55.00

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2021 SEP 13 PM 2:01
CLERK OF STATE
TALLAHASSEE, FL

8/27/2021

Registration Section
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

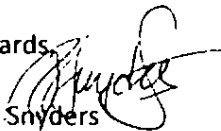
To Whom It May Concern:

May it be known that I, Robert V. Snyders, Jr., DMD, am hereby dissolving my PLC per the enclosed documents. My address is 4819 Longwater Way, Tampa, FL, 33615. My phone number is 813-486-5886.

Thank you for your service.

Regards,

Rob Snyders

A handwritten signature in black ink, appearing to read "Rob Snyders", is written over the printed name "Rob Snyders". The signature is stylized with a large, looping "S" and a horizontal line extending from the end.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROBERT V. SNYDERS, JR., DMD, P.L.C.

(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.

ROBERT V. SNYDERS

(Name of Person)

ROBERT V. SNYDERS, JR., DMD, P.L.C.

(Firm/Company)

4819 LONGWATER WAY

(Address)

TAMPA, FL 33615

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT V. SNYDERS

(Name of Person)

813

486-5886

at (_____) _____

(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

ROBERT V. SNYDERS, JR., DMD, P.L.C.

2. The Articles of Organization were filed on 02/24/2011 and assigned

document number L11000023733

3. The delayed effective date the dissolution if not effective on the date of filing: 08/31/2021

(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.

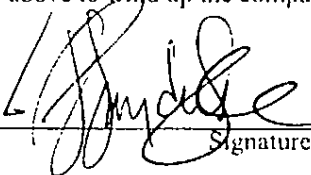
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

MEMBER'S CONSENT THAT THE COMPANY'S ACTIVITIES AND AFFAIRS WILL BE WOUND UP.

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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20 SEP 13 PM 2:01
CLERK OF STATE
TALLAHASSEE, FL

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

ROBERT V. SNYDERS

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ROBERT V. SNYDERS, JR., DMD, P.L.C.

Document number of Limited Liability Company is: L11000023733

Date of dissolution was: 08/31/2021

Description of information that must be included in a written claim:

THE LEGAL NAME, ADDRESS, AND CONTACT INFORMATION OF THE ENTITY ASSERTING THE
CLAIM MUST BE IN A WRITTEN CLAIM. THE CLAIM MUST BE FILED NO LATER THAT THE TERM
STIPULATED BY FLORIDA STATUTES. INCLUDE THE IDENTIFICATION OR DESCRIPTION OF THE
AGREEMENT OR CIRCUMSTANCES IN WHICH THE CLAIM AROSE, THE AMOUNT OF THE CLAIM,
AND RELEVANT DOCUMENTS THAT ARE USEFUL TO VERIFY THE NATURE AND AMOUNT.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

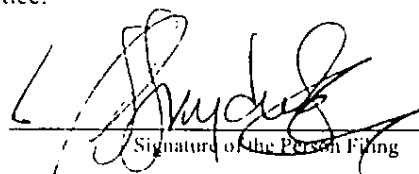
4819 LONGWATER WAY

TAMPA, FL 33615

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

ROBERT V. SNYDERS

Printed Name of the Person Filing


Signature of the Person Filing