

Division of Corporations

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

From: Account Name : REZLEGAL, LLC
Account Number : I20140000033
Phone : (904) 695-9321
Fax Number : (904) 567-1066

FILED
2022 APR 29 AM 11:02
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL
ECONOMY DENTISTRY FOR CHILDREN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2022 APR 29 AM 10:32

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2022 APR 29 AM 10:32
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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T. LEMIEUX

MAY - 3 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Economy Dentistry for Children, 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:

Mary Kate Mahoney

(Name of Person)

RezLegal, LLC

(Firm/Company)

816 A1A North, Suite 204

(Address)

Ponte Vedra Beach, FL 32082

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Kate Mahoney

(Name of Person)

904

297-0981

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

- The name of a limited liability company is
Economy Dentistry for Children, LLC
- The Articles of Organization were filed on 4/29/2011 and assigned
document number L11000050766
- 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.
- 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 Members of the limited liability company authorized the dissolution.

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

- 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: _____

DocuSigned by:

James Patrick Weaver

8C1083B1B85F42F...

Signature

J. Patrick Weaver, D.M.D.

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: Economy Dentistry for Children, LLC

Document number of Limited Liability Company is: L11000050766

Date of dissolution was: _____

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

Date of event giving rise to claim; nature of claim/description of event giving rise to claim; amount of claim;

name and contact information of claimant; and copies of any written agreement or other documentation

supporting claim.

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

3020 Hartley Road, Suite 210

Jacksonville, FL 32258

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.

J. Patrick Weaver, D.M.D.

Printed Name of the Person Filing

DocuSigned by:

James Patrick Weaver

BC1D83B1885F42E

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00