

L11000140466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

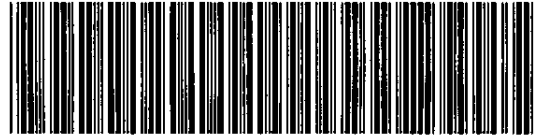
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/03/14--01015--003 **25.00

2014 MAR -3 P 5 04
FILED

B. BOSTICK

MAR - 5 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THAO T MAI DMD PLLC
(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:

Thao Fajardo

(Name of Person)

Thao Mai DMD PLLC

(Firm/Company)

4433 BLUE MAJOR DR

(Address)

WINDERMERE, FL 34786

(City/State and Zip Code)

For further information concerning this matter, please call:

Thao Fajardo

(Name of Person)

at (407) 301-2712

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Thao T. Mai DMD PLLC

2. The Articles of Organization were filed on DEC 14, 2011 and assigned
document number L11000140464 (effective Jan 1st, 2012)

3. The delayed effective date the dissolution if not effective on the date of filing: _____

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).

no longer needed

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

Thao Fajardo

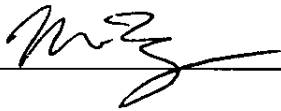
4433 Blue Major Drive

Windermere, FL 34786

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

Printed Name



Thao Fajardo

FILING FEE: \$25.00