

L12000034720

(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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03/21/16--01006--008 **55.00

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TALLAHASSEE, FLORIDA
16 MAR 21 PM 4:57

MAR 22 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAMPA Aesthetic Dental, 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:

Bijal Joshi Davuluri
(Name of Person)

(Firm/Company)

4603 W. Sunset Blvd
(Address)

Tampa FL 33629
(City/State and Zip Code)

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For further information concerning this matter, please call:

Bijal Joshi Davuluri at (213) 268-0562
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Tampa Aesthetic Dental LLC

Document number of Limited Liability Company is: 42000034720

Date of dissolution was: 01/02/2016

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

Cause of Claim, Reason
Name, Address of Person filing claim
Phone #, Any information pertaining claim

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

4603 W. Sunset Blvd
Tampa FL 33629

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.

Bijal Joshi Davuluri
Printed Name of the Person Filing

Bj Joshi
Signature of the Person Filing

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

1. The name of a limited liability company is

Tampa Aesthetic Dental LLC

2. The Articles of Organization were filed on 03/12/2012 and assigned

document number L12000034720

3. The delayed effective date the dissolution if not effective on the date of filing: 3/3/2016
(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).

Moving

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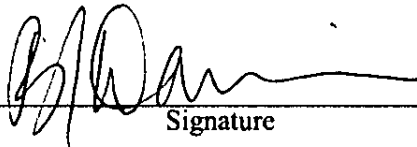
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Bijal Joshi Davuluri

4603 W. Sunset Blvd Tampa

FL 33628

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

Bijal Joshi Davuluri
Printed Name

FILING FEE: \$25.00