

L12 00000 44549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

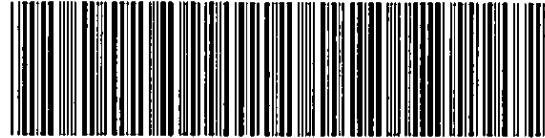
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300338953403

01/21/20--01018--001 **25.00

2020.01.21 11:25:53

R. WHITE
FEB 17 2020

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

2019 21 FEB 2:53

1. The name of a limited liability company is
DENTAL MIAMI USA LLC

2. The Articles of Organization were filed on 04/30/2012 and assigned
document number L12000044549

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2019
(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).

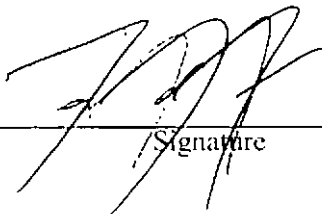
The company has been dissolved by unanimous consents of all members and managers.

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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:

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

IVAN GUERRERO

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: DENTAL MIAMI USA LLC

Document number of Limited Liability Company is: L12000044549

Date of dissolution was: 12/31/2019

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

THE NAME OF THE CLAIM, AND ITEMIZED INVOICE OR STATEMENT OF THE CLAIM, NAME OF
THE CREDITOR OR CLAIMANT, ADDRESS OF CLAIMANT, TELEPHONE NUMBER OF CLAIMANT AND
EMAIL ADDRESS OF CLAIMANT.

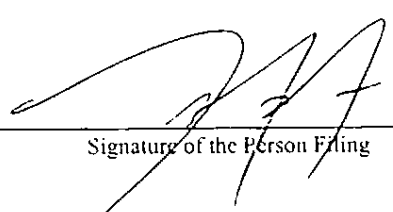
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

IVAN A GUERRERO LLC - 28 W FLAGLER STREET STE 555 MIAMI, FL 33130

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.

IVAN GUERRERO

Printed Name of the Person Filing


Signature of the Person Filing

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