

L12 0000 56159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

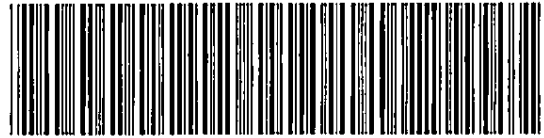
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600405344266

03/29/23--01021--007 **25.00

5/22/23
V.44

FILED
2023 MAR 29 AM 8:24
CLERK OF STATE
TALLAHASSEE, FL

HUSCH BLACKWELL

Tammy S. Eddings
Paralegal

4801 Main Street, Suite 1000
Kansas City, MO 64112
Direct: 816.983.8878
Fax: 816.983.8080
tammy.eddings@huschblackwell.com

March 28, 2023

Florida Department of State
2415 N. Monroe St Ste 810
Tallahassee, FL 32303

Re: Articles of Dissolution Senior Dental Care of South Carolina, LLC

Dear Sir or Madam:

Please file the attached Articles of Dissolution for Senior Dental Care of South Carolina, LLC. I have enclosed a check to cover the filing fee.

Please feel free to call me at the above number if you have any questions or issues with this request. Thank you.

Sincerely,



Tammy Eddings
Paralegal

Enclosures

cc: Edward Wilson, Esq.

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

1. The name of a limited liability company is
SENIOR DENTAL CARE OF SOUTH CAROLINA, LLC

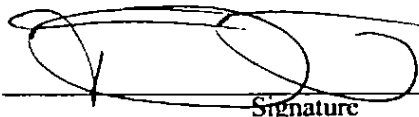
2. The Articles of Organization were filed on 4/25/2012 and assigned
document number L12000056159

3. 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.

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 written consent of the member to dissolve the LLC.

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

Tony B. Layne

Printed Name

FILING FEE: \$25.00

2023 MAR 29 PM 8:24
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: SENIOR DENTAL CARE OF SOUTH CAROLINA, LLC

Document number of Limited Liability Company is: L12000056159

Date of dissolution was: _____

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

All claims must include: The name and address of the claimant, the amount claimed, the basis of the claim;

and the date(s) on which the event(s) on which the claim is based occurred.

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

Husch Blackwell LLP

Attn. Tammy Eddings

4801 Main Street Suite 1000

Kansas City, MO 64112

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.

Tony B. Layne

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