

L12000059184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

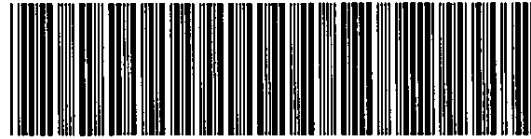
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/31/16--01033--010 **50.00

FILED
16 OCT 31 PM 3:52
DIVISION OF CORPORATIONS

O SIMMONS

NOV 02 2016

Ellison|Lazenby

Attorneys

200 Central Avenue
20th Floor
St. Petersburg, FL 33701
P: (727)-362-6151
F: (727) 362-6131

October 27, 2016

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Name Release and Articles of Amendment

To Whom It May Concern:

Enclosed please find the following:

1. Articles of Dissolution for Trinity Village Dental LLC;
2. Pursuant to the dissolution, a letter from Trinity Village Dental LLC, releasing its name for immediate use;
3. Articles of Amendment for JDMDPA Holdings, LLC changing its name to Trinity Village Dental LLC.
4. A check in the amount of \$50.00 (Articles of Dissolution and Amended Articles)

Please process the above in the order in which they are listed. If you have any questions, please contact my office.

Sincerely,

ELLISON | LAZENBY



William G. Lazenby

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

1. The name of a limited liability company is
TRINITY VILLAGE DENTAL LLC

2. The Articles of Organization were filed on **04/30/2012** and assigned
document number **L12000059184**

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).

Sale of Business

16 OCT 31 PM 3:52
DIVISION OF CORPORATIONS

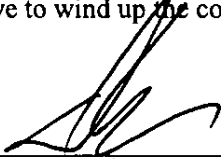
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5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: **DOUG NGUYEN, MGR**

777 N. ASHLEY DR. - SUITE 2603

TAMPA, FL 33602

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

DOUG NGUYEN, MGR

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: TRINITY VILLAGE DENTAL LLC

Document number of Limited Liability Company is: L12000059184

Date of dissolution was: OCTOBER 17, 2016

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

NAME, ADDRESS, PHONE NUMBER AND EMAIL ADDRESS

DATE CLAIM WAS INITIALLY INCURRED

AMOUNT OF CLAIM

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

DOUG NGUYEN

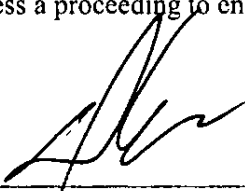
777 N. ASHLEY DR. SUITE 2603

TAMPA, FL 33602

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.

DOUG NGUYEN

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