

L12000161957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

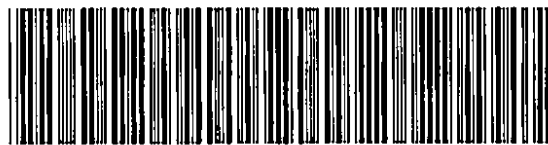
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300316275473

07/30/18--01006--002 **25.00

FILED
2018 JUL 30 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D BRUCE
AUG 04 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hiss Dental Management 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:

Gunter Hiss
(Name of Person)

(Firm/Company)

1931 SE 35th Street
(Address)

Cape Coral, FL 33904
(City/State and Zip Code)

For further information concerning this matter, please call:

Gunter Hiss at (239) 541 3280
(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

FILED
2018 JUL 30 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

1. The name of a limited liability company is

Hiss Dental Management LLC

2. The Articles of Organization were filed on Dec 28 2012 and assigned

document number L 12000161957

3. The delayed effective date the dissolution is 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).

Consent of all members to dissolution.

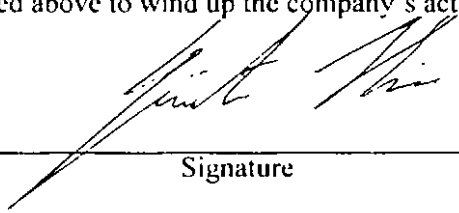
Deed of dental office property was transferred
to Gunter Hiss

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

2013 JUL 30 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

Gunter Hiss

Printed Name

FILING FEE: \$25.00