

L130000 46464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

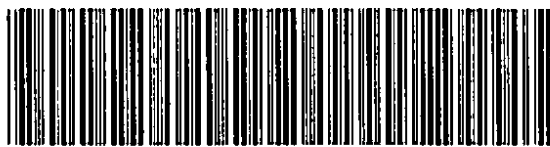
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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03/15/19 10:15 AM *4250

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

T.G.
03/25/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smilebright 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:

Joseph D'Agostino

(Name of Person)

(Firm/Company)

P.O. Box 375

(Address)

Portland, Pa 18351

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph D'Agostino

(Name of Person)

at (973) 296-7100

(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

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TALLAHASSEE, FL 32301

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

1. The name of a limited liability company is
Smilebright Dental Management LLC
2. The Articles of Organization were filed on March 14, 2019 and assigned
document number L1300046464
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 business is inactive and will not become active.

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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: Joseph D'Agostino

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:

Joseph D'Agostino
Signature

Joseph D'Agostino

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: Smilebright Dental Management LLC

Document number of Limited Liability Company is: L13000046464

Date of dissolution was: March 14, 2019

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

The detailed invoice(date and location) of services or merchandise delivered
to this entity.

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

Joseph D'Agostino

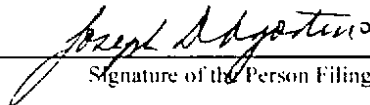
P.O. Box 375

Portland, Pa 18351

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.

Joseph D'Agostino

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

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FILED

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