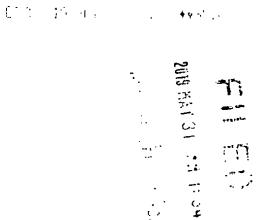
L130000 70363

(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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B. BRUCE MAY 3 1 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2019

TRAVIS C. GOSS JR. 730 GOODLETTE RD NORTH, STE 206 NAPLES, FL 34102

SUBJECT: NAPLES DENTAL STUDIO LLC

Ref. Number: L13000070363

We have received your document for NAPLES DENTAL STUDIO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 919A00003157

COVER LETTER

TO:

Registration Section Division of Corporations

Naples DentalStudio 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:

Travis C. Goss Jr.

(Name of Person)

Naples Dental Studio LLC

(Firm/Company)

2920 Leeward Lane

(Address)

Naples, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert B. Hale

(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)

mailed \$35 previously Certific with "Notice for Corporate Dissolution"
There should be a credit on file

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Naples Dental Studio LLC							
2.	The Articles of Organization	were filed on May 1	3, 2013	and assigned				
	document numberL130000	70363						
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 listed as the document's effective date on the Department of State's records.							
4.	A description of occurrence 605.0707, Florida Statutes. (that resulted in the lin copy 605.0707 on bac	nited liability co k cover letter).	mpany's dissolution pursuant to section				
	The dental practice was sold and the Director and Sole Member of Naples Dental Studio LLC							
	with a "Notice of Corporate D Since that check was cashed ar	issolution" which Floridade dept by Florida, no pa	a claimed was the	this new and correct form.				
5.	appointed to wind up the company's							
		2920 Leeward Lane						
		Naples, FL 3-1103						
6. lis	Signature of an authorized puted above to wind up the cor	person or if there are napany's activities and	affairs:	signature of the person appointed and				
<u> </u>	Signature	-	Travis C. Go	ess Jr. Printed Name				

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

Travis C. Goss Jr.

Printed Name of the Person Filing

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: Naples Dental Studio LLC								
Document number of Limited Liability Company is: L13000070363								
Date of dissolution was: 12/31/2018								
Description of information that must be included in a written claim:								
1. The complete name of the business making a claim and current mailing address, phone number and fax number.								
2. The total amount of the claim and details of the total amount.								
 The total amount of the claim and details of the total amount. A description of the nature of the claim including the time period covered by the claim. 								
4. A copy of any evidence which supports the claim.								
5. A statement that you have filed an action in an appropriate US Court.								
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Travis C. Goss Jr.								
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)								
Travis C. Goss Jr.								
Travis C. Goss Jr. 2920 Leeward Lane								

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

Signature of the Person, Filing

UNANIMOUS CONSENT OF THE DIRECTOR AND SOLE MEMBER OF NAPLES DENTAL STUDIO LLC

The undersigned, being all of the director(s) and the Sole Member of Naples Dental Studio LLC, a Florida LLC, do hereby unanimously consent to the adoption of, and do hereby adopt, the following resolutions:

WHEREAS, the Director and Sole Member of Naples Dental Studio LLC deem it in the best interest of the LLC that it be liquidated:

NOW THEREFORE, BE IT RESOLVED, that the following Plan of Complete Liquidation be, and the same is, adopted by the Director and Sole Member:

١.

The LLC shall cease the active conduct of its business affairs, except insofar as may be necessary or appropriate for the winding up thereof, and shall proceed to collect its assets, convey and dispose of such of its properties as are not to be distributed in kind to the Sole Member, pay, satisfy and discharge its liabilities and obligations, and do all other acts required to liquidate its business and affairs.

2.

After paying or adequately providing for the payment of all of its obligations, the LLC shall distribute the remainder of its assets, either in cash or in kind, to its Sole Member in exchange for his stock of the LLC.

3.

Within thirty (30) days from the date of this consent, the LLC shall file Internal Revenue Service Form 966 with the appropriate District Director of the Internal Revenue Service, attaching thereto a certified copy of this consent and indicating that the Sole Member has adopted a Plan of Complete Liquidation.

This 31st day of December 2018

Travis C. Goss, Jr., Presidon and Sole Member

Travis C. Goss, Jr., Secretar

SECRETARY'S CERTIFICATE

I, Travis C. Goss Jr., do hereby certify that I am Secretary of Naples Dental Studio LLC, a Florida LLC, and that the following are resolutions adopted by the Sole Member of said LLC by consent on the 31st day of December 2018, and that such resolutions are, as of this date, in full force and effect:

WHEREAS, the Director and Sole Member of Naples Dental Studio LLC deem it in the best interest of the LLC that it be completely liquidated:

NOW, THEREFORE, BE IT RESOLVED, that the following Plan of Complete Liquidation be, and the same is, adopted by the Director and Sole Member:

١.

The LLC shall cease the active conduct of its business affairs, except insofar as may be necessary or appropriate for the winding up thereof, and shall proceed to collect its assets, convey and dispose of such of its properties as are not to be distributed in kind to the Sole Member, pay, satisfy and discharge its liabilities and obligations, and do all other acts required to liquidate its business and affairs.

2.

After paying or adequately providing for the payment of all of its obligations, the LLC shall distribute the remainder of its assets, either in cash or in kind, to its Sole Member in exchange for his stock of the LLC.

3,

Within thirty (30) days from the date of this consent, the LLC shall file Internal Revenue Service Form 966 with the appropriate District Director of the Internal Revenue Service, attaching thereto a certified copy of this consent and indicating that the Sole Member has adopted a Plan of Complete Liquidation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal, this 31st day of December 2018.

Travis C. Goss Ir Secretary

(Corporate Scal)

Form **966**

Corporate Dissolution or Liquidation

OM8 No. 1545-0123

	ctoper 2015)	(Re	quired under section 6043(a)	of the Internal Revenue Code)			
Depart	ment of the Treasury I Revenue Service	<u>`</u> ►1	nformation about Form 956 and its in	structions is at www.irs.gov/form966.	Employer Identifica	ation number	
	Name of corporation				46-2768674		
print	NAPLES DENTAL STUDIO LLC						
ŏ	Number, street, and room or suite no. (If a P.O. box number, see instructions.)				Check type of return		
ğ.	730 GOODLETTE RD N. STE 206						
	City or town, state, and ZIP code				1120-IC-	DISC 🗹 1:20S	
Ploase	NAPLES, FL 34102					Other >	
1	Date incorporated 2 Place incorporated		rporated	3 Type of Hou dation	Onte resolution or plan of complete or partial Havidation was adopted		
	5/13/2013		FLORIDA	Complete Partial	12/31/2018 7b Was corporation's final tax return		
5	Service Center where corporation filed its immediately preceding tax return		8 Last month, day, and year of immediately preceding tax year	7a Last month, day, and year of final tax year	fi'ed as part of a consolidated income tex miurn? If "Yes." somplete 7c, 7d, and 7e.		
			12/31/2017	12/31/2018	Yes	[] No	
70	E-FILE Name of common parent		12/3/12017	7d Employer Identification number of common parent	7e Service Center where consolidated return was filed		
					Common	Preferred	
8	Total number	of shares outsta	anding at time of adoption of pl	an of liquidation	100	!	
9	Date(s) of any	 					
40	and the state of t					331	
	to a conduction of plan angle the Cate						
11	the previous	Form 966 was fil	led			filad	
	Attach a	certified copy	of the resolution or plan and	all amendments or supplements	not previously		
Lind	or pensities of penuty	, I docisio trat i have	examined this form, including accompa	errying schedules and statements, and to the	best of my knowleds	ti, tailed bas eg	
la tre	io, correct, and comp	12/3	1/18				
PRESIDENT Outo							
7	Signature of officer		iltle				

Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Who Must File

A corporation (or a farmer's cooperative) must file Form 966 if it adopts a resolution or plan to dissolve the corporation or liquidate any of its stock.

Exempt organizations and qualified subchapter S subsidiaries should not file Form 966. Exempt organizations should see the instructions for Form 990, Return of Organization Exempt From Income Tax, or Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation. Subchapter S subsidiaries should see Form 8869, Qualified Subchapter S Subsidiary Election.



Do not file Form 966 for a deemed liquidation (such as a section 338 election or an election to be treated as a disregarded entity under Regulations section 301.7701-3).

When To File

File Form 966 within 30 days after the resolution or plan is adopted to dissolve the corporation or liquidate any of its stock. If the resolution or plan is amended or supplemented after Form 966 is filed, file another Form 966 within 30 days after the amendment or supplement is adopted. The additional form will be sufficient if the date the earlier form was filed is entered on line 11 and a certified copy of the amendment or supplement is attached. Include all information required by Form 966 that was not given in the earlier form.

Where To File

File Form 966 with the Internal Revenue Service Center at the address where the corporation (or cooperative) files its income tax return.

Distribution of Property

A corporation must recognize gain or loss on the distribution of its assets in the complete liquidation of its stock. For purposes of determining gain or loss, the