

L13000 152722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

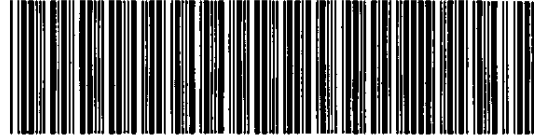
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400289207974

08/22/16--01020--007 **30.00

FILED
16 SEP 12 PM 5:28
CLERK OF COURT
TALLAHASSEE, FLORIDA

SEP 14 2016
SEP 14 2015
Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2016

ALOYSIUS J ABEL JR
159 PARLIAMENT LOOP
LAKE MARY, FL 32746

SUBJECT: TRUEDENTAL REFERRALS, LLC
Ref. Number: L13000152722

We have received your document for TRUEDENTAL REFERRALS, LLC and your check(s) totaling \$30.00. 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 716A00017970

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUDENTAL REFERRALS 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:

ALOYSIUS J. ABEL, JR.
(Name of Person)

TRUE DENTAL REFERRALS, LLC
(Firm/Company)

159 PARLIAMENT LOOP
(Address)

LAKE MAN FL 32746
(City/State and Zip Code)

For further information concerning this matter, please call:

ALOYSIUS J. ABEL, JR. at (800) 446 4633
(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

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

1. The name of a limited liability company is

TRUEDENTAL REFERRALS

2. The Articles of Organization were filed on OCTOBER 30, 2013 and assigned

document number L13000152722

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).

COMPANY NO LONGER DOING BUSINESS.

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

ALOYSIUS J. ABEL, JR.

159 PARLIAMENT LOOP

LAKE MARY FL 32746

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

ALOYSIUS J. ABEL, JR.
Printed Name

FILING FEE: \$25.00