

L140000 14833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

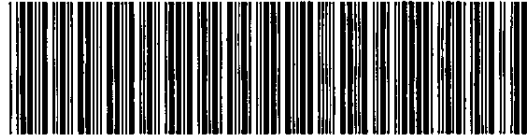
(Document Number)

Certified Copies _____ Certificates of Status _____

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eff 12/1

Office Use Only



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11/30/15--01021--012 **25.00

FILED
2015 NOV 30 PM 3:35
STATE OF FLORIDA
TALLAHASSEE

DEC 01 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HERNANDEZ LEA PLAZA DENTAL 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:

RODOLFO LEA PLAZA

(Name of Person)

N/A

(Firm/Company)

141 CRANDON BLVD APT 433

(Address)

KEY BISCAYNE /FLORIDA/33149

(City/State and Zip Code)

For further information concerning this matter, please call:

RODOLFO LEA PLAZA at 786 266-5383

(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
HERNANDEZ LEA PLAZA DENTAL LLC

2. The Articles of Organization were filed on 01/28/2014 and assigned
document number L14000014833

3. The delayed effective date the dissolution if not effective on the date of filing: 12/01/2015
(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).

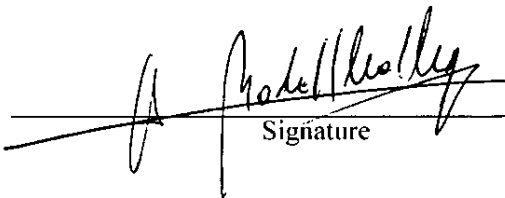
THIS LLC WAS OPENED BUT NEVER BEEN USED

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

141 CRANDON BLVD APT 433

KEY BISCAWAYNE, FL 33149

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

RODOLFO LEA PLAZA
Printed Name

FILING FEE: \$25.00

2015 NOV 30 PM 3:35
STATE OF FLORIDA
TALLAHASSEE

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: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

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

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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.

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