

L14000078010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

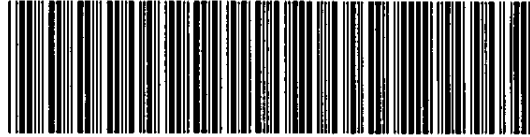
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000270852320

04/03/15--01021--017 \*\*25.00

SECRETARY OF STATE  
DIVISION OF DEEDS & RECORDS  
15 APR -3 PM 1:27

C.L.  
4-21-15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CENTRAL FLORIDA DENTAL SPECIALISTS, 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:

JAMES E. MIDKIFF, DDS

(Name of Person)

(Firm/Company)

520 S MAITLAND AVE

(Address)

MAITLAND, FL 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

LINN PINDER

(Name of Person)

407

at ( )

647-2405

(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:**

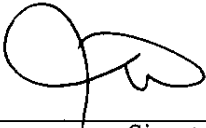
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 APR -3 PM 1:27

1. The name of a limited liability company is  
CENTRAL FLORIDA DENTAL SPECIALISTS, LLC
2. The Articles of Organization were filed on 5-13-2014 and assigned  
document number L14000078010
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)
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).  
Business Closed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: JAMES E. MIDKIFF, DDS  
520 S MAITLAND AVENUE  
MAITLAND, FL 32751  
\_\_\_\_\_
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

JAMES E. MIDKIFF, DDS

Printed Name

**FILING FEE: \$25.00**