

L14000159246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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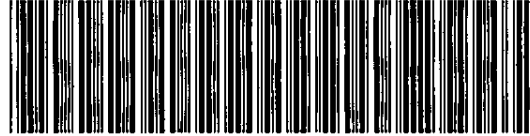
(Business Entity Name)

(Document Number)

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2014 DEC 29 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan JAN - 9, 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Academy for Dental Assistants, LLC

DOCUMENT NUMBER: L14000159246

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronda Miller

(Name of Contact Person)

Academy for Dental Assistants

(Firm/Company)

200 Pasadena Ave S.

(Address)

St Petersburg FL 33709 33707

(City/State and Zip Code)

For further information concerning this matter, please call:

Ronda Miller

(Name of Contact Person)

at (727)

(Area Code)

656-1451

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ ~~\$25 Filing Fee~~

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2014 DEC 29 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Academy for Dental assistants, LLC

2. The Articles of Organization were filed on Oct 13, 2014 and assigned

document number L14000159246

3. The delayed effective date the dissolution if not effective on the date of filing: Dec 31, 2014
(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).

Members could not agree on pay scale
or division of profits. So we did not
start the 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:

Ronda Miller

6023 Dunfries St. N.

St. Petersburg FL 33709

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:

Amy J. Corey
Signature

Amy J. Corey
Printed Name

FILING FEE: \$25.00