

214 000 166 971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

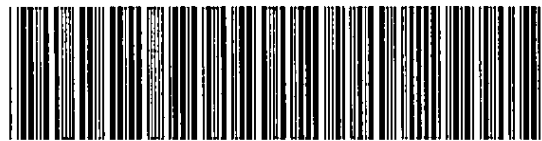
(Business Entity Name)

(Document Number)

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

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2022 JAN 10 AM 6:52

SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Thrive Dentistry Onsite 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:

Don J Ilkka DDS

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

8301 County Road 44, Leg A

\_\_\_\_\_  
(Address)

Leesburg, FL 34788

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Don J Ilkka DDS

\_\_\_\_\_  
(Name of Person)

352

787-4748

at (

\_\_\_\_\_) \_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2022 JAN 10 AM 6:52

SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is  
Thrive Dentistry Onsite LLC

2. The Articles of Organization were filed on October 27, 2014 and assigned  
document number LI4000166971

3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2021  
(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).

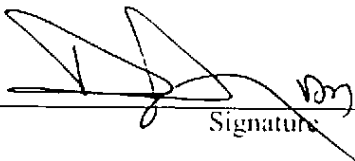
with the Governor closing down dental businesses in March 2019,  
and the continued lock out by the assisted living facilities we ran  
out of cash. The majority stockholder voted to close down  
Thrive Dentistry Onsite LLC.

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

8301 County Road 44, Leg A

Leesburg, FL 34788

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

Don J. Ikka DDS

Printed Name

FILING FEE: \$25.00