

L140001813166

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(Address)

(Address)

(City/State/Zip/Phone #)

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JAN 31 2019  
S. YOUNG

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19 JAN 26 AM 8:17  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Americana Dental Holdings LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ammar Mousa  
\_\_\_\_\_  
(Contact Person)

(Firm/Company)

5427 Tildens Grove Blvd  
(Address)

Winderere, FL 34786

For further information concerning this matter, please call:

Ammar Mousa 352 636-2135  
 \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
19 JAN 24 AM 8:17  
TALLAHASSEE, FLORIDA

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Americana Dental Holdings

2. The Florida document/registration number assigned to this limited liability company is:  
L14000181366

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/12/2018

4. I, Ammar Mousa, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)