

L150000 89439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

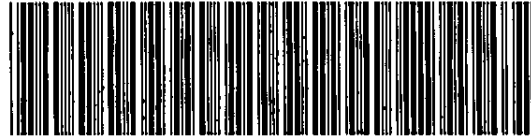
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/16/16--01037--023 **25.00

11:57
16 MAY 16 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Notice of Limited Liability Company Dissolution for Wellness Brasil Dental, LLC

DOCUMENT NUMBER: L15000089439

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

Please return all correspondence concerning this matter to the following:

Adelina Ruiz, Esq.

(Name of Contact Person)

Law Offices of Adelina Ruiz, PA

(Firm/Company)

800 Village Square Crossing

(Address)

Palm Beach Gardens, FL 33410

(City/State and Zip Code)

For further information concerning this matter, please call:

Adelina Ruiz, Esq.

(Name of Contact Person)

at (**561**)

(Area Code)

402 7060

(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

Notice of Limited Liability Company Dissolution

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: Wellness Dental Brasil, LLC
Document number of Limited Liability Company is: L15000089439
Date of dissolution was: 4/27/16

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

The written claim must include: (a) the amount claimed to be owed and payable,
(b) the basis for the claim, ^{and} date the debt or claim was incurred, and (c) a copy of
any written document upon which the claim is based.

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

Law Offices of Adelina Ruiz, PA
800 Village Square Crossing
Palm Beach Gardens, FL 33410

FILED
16 MAY 16 AM 7:50
SECRETARY OF STATE
PALM BEACH, 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.

Armando Schmidt Rogerio

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