

65000146267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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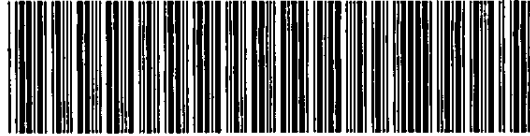
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 14 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APPEARANCE IMPLANT DENTISTRY PLLC

DOCUMENT NUMBER: L15000146267

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

Please return all correspondence concerning this matter to the following:

JASON REED STRUBLE, ESQ.

(Name of Contact Person)

NORTHWESTERN MANAGEMENT SERVICES LLC

(Firm/Company)

951 BROKEN SOUND PARKWAY, SUITE 250

(Address)

BOCA RATON, FLORIDA 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

JASON REED STRUBLE at (561) 999-9650

(Name of Contact Person)

(Area Code)

(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**

1. The name of a limited liability company is
APPEARANCE IMPLANT DENTISTRY PLLC
2. The Articles of Organization were filed on August 26, 2015 and assigned
document number L15000146267
3. The delayed effective date the dissolution if not effective on the date of filing: August 26, 2015
(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).
The consent of all the members to dissolution of limited liability company.

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

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

JASON REED STRUBLE, ESQ.
Printed Name

FILING FEE: \$25.00

15 OCT 13 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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