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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HOLLAND Dental Lab 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:
David HOLL AND (Name of Person)
HOLLAND DENTAL LAB LLC, (Firm/Company)
308 Hidden Island Drive (Address)
Panama City Beach, FLorida, 32408 (City/State and Zip Code)
For further information concerning this matter, please call:
Pavid Holland at (850) 896-3704 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: 525.00 Filing Fee and Certificate of Dissolution Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FIL	Er,
COLLEGE -3	
FALLAHASSEE, FI	M 2: 18
MOSFE, FI	PIAIT ORIDA

1.	The name of a limited liability company is
	The name of a limited liability company is Holland Dental Lab, LLC Holland Dental Lab, LLC
2.	The Articles of Organization were filed on June 23, 2016 and assigned
	document number <u>L1 6000 118 107</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: November 30, 2016 (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).
	HOLLAND DENTAL LAB, LLC WAS NEVER opened
	for buissness due to unforseen circumstanes,
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: David Howand
	308 Hidden Island Drive
	PANAma City Beach, FLORIda
	32408
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
Z	Signature David Holland Printed Name

FILING FEE: \$25.00