## L16000132578

(Req	uestor's Name)	-
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(Doc	ument Number)	-
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Christie CI	raighead DMD, MS, PLL nited Liability Company)
The enclosed Articles of Dissolution and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter	to the following:
Christie C	Vaighead Jame of Person)
	`irm/Company)
10715 River	bank terrace
Bradenten	(Address) FL 34212 State and Zip Code)
For further information concerning this matter, please ea	ail:
Christie Craighead (Name of Person)	at (941) 920 - 1831 (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	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
Christie craighead DMD, MS, PLLC	
2. The Articles of Organization were filed on <u>July 18, 2016</u> and assigned	
document number <u>L16000132578</u>	
3. The delayed effective date the dissolution if not effective on the date of filing: \(\frac{2}{2}\)\(\frac{22}{202}\)\(\frac{2023}{202}\)  (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 listed as the document's effective date on the Department of State's records.	;) not be
<ol> <li>A description of occurrence that resulted in the limited liability company's dissolution pursuant to sec 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).</li> </ol>	tion
Company is no longer performing services.	_
company row in more employees.	-
5. If there are no members, enter the name and address of the person appointed to wind up the company' activities and affairs:  ChristicCraighead	- - s
10715 Riverback Terr.	_
Bradenton, FL 34212	-
6. Signature of an authorized person or if there are no members, the signature of the person appointed an above to wind up the company's activities and affairs:	– d listed
Christie Craighead Christie Craighead Printed Name	<i> </i> -