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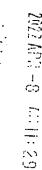
(Requestor's	Name)						
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COVER LETTER

TO:	Registration Section Division of Corporations					
SURJE	Fort Dental Laboratory, LLC					
SCDOL	(Name of Lim	nited Liability Company)				
	closed Articles of Dissolution and fee(s) are submreturn all correspondence concerning this matter t					
riease	return all correspondence concerning this matter t	o the following.				
	Kenneth Fort					
	(N	Jame of Person)				
	Fort Dental Laboratory, LLC					
	(F	Firm/Company)				
	1217 NW 16th Ave					
•		(Address)				
	Gainesville, Florida 32601					
	(City/S	State and Zip Code)				
For fur	rther information concerning this matter, please ca	all:				
	Kenneth Fort	352 224-8163				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclose	ed is a check for the following amount:					
S25.00 Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	Mailing Address:	Street Address:				
	Registration Section Division of Corporations	Registration Section Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability Fort Dental Laboratory, LLC	ty company is								
2.	The Articles of Organization	were filed on July 27, 2	016	and assigned						
	document numberL16000	41008	-							
3.	. The delayed effective date the dissolution if not effective on the date of filing: (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 605.0707, Florida Statutes. (that resulted in the limite copy 605.0707 on back co	d liability company's diss over letter).	olution pursua	nt to section					
	loss of income due to loss of c	lients and not being able to	replace them							
	loss of income due to loss of c	lients and not being able to	replace them		· 					
	loss of income due to loss of c	ients and not being able to r	eplace them							
5.	If there are no members, end activities and affairs:	er the name and address (Kenneth Fort	of the person appointed to	wind up the co	ompany's					
		2528 NW 32nd Street								
	,	Gainesville, Fl 32605								
6. al	Signature of an authorized poove to wind up the company	person or if there are no n's activities and affairs:	nembers, the signature of	the person appo	ointed and list	ted				
	Kennbart	_	Kenneth Fort	: 	·	•				
	Signature		Printed	Name						

FILING FEE: \$25.00