

L18000022325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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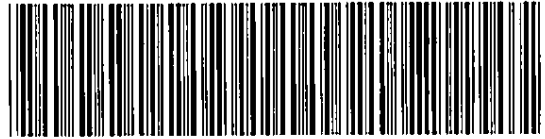
(Business Entity Name)

(Document Number)

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Rev. of Diss.
02/15/23
DC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREFERRED DENT REPAIR, LLC

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Deborah Alexander

Contact Person

Preferred Dent Repair, LLC

Firm/Company

1433 Byron Rd

Address

Fort Myers, FL 33919

City, State and Zip Code

Deborah.Alexander@preferredrentrepairllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Alexander

Name of Contact Person

at (303)

Area Code

522-4747

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303