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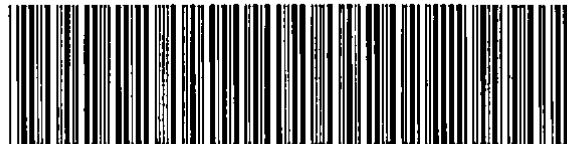
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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200324263202

02/11/19--01013--001 \$25.00

R. WHITE  
FEB 15 2019

FILED  
2019 FEB 11 PM 4:09  
CLERK OF DISTRICT COURT  
JAIL ROOM 302, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DC DENTURE LABORATORY 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:

DARIO CICA  
(Name of Person)

DC DENTURE LABORATORY LLC  
(Firm/Company)

5800 BEACH BLVD. #102  
(Address)

JACKSONVILLE FL 32207  
(City/State and Zip Code)

For further information concerning this matter, please call:

DARIO CICA at 404 547-0446  
(Name of Person) (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  
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

FILED

1. The name of a limited liability company is

DC DENTURE LABORATORY LLC

2019 FEB 11 PM 4:01

2. The Articles of Organization were filed on

APRIL 19, 2018

and assigned document number L18000098764

document number

L18000098764

3. The delayed effective date the dissolution if not effective on the date of filing: 01-29-19

(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).

Disolution due to lack of ravenue.

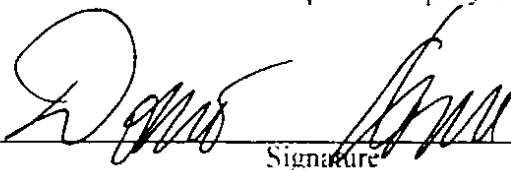
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

DARIO CICA

7990 BAYMEADOWS RD. E #325

JACKSONVILLE, FL, 32256

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

DARIO CICA

Printed Name

FILING FEE: \$25.00