

L18000240047

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TILLET ALVARADO & PRENDERGAST
Account Number : I20210000002
Phone : (561)345-2416
Fax Number : (561)907-4965

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 OCT -8 AM 10:17

2021 OCT -8 PM 12:56

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL
PRIMO DENTAL LABORATORIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

OCT 11 2021

A. LUETT

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Corporate Filing Menu

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September 14, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PRIMO DENTAL LABORATORIES, LLC
1001 W. INDIANTOWN ROAD
SUITE NO. 106
JUPITER, FL 33458

SUBJECT: PRIMO DENTAL LABORATORIES, LLC
REF: L18000240047

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H21000337182
Letter Number: 921A00022172

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIMO DENTAL LABORATORIES, 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:

DANIEL M. CASEL

(Name of Person)

PRIMO DENTAL LABORATORIES, LLC

(Firm/Company)

1001 W. INDIANTOWN ROAD, SUITE NO. 106

(Address)

JUPITER, FL 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL M. CASEL

(Name of Person)

561

686-2077

at (

_____) _____
(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 Address:

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 OCT -8 AM 10:17

1. The name of a limited liability company is
PRIMO DENTAL LABORATORIES, LLC
2. The Articles of Organization were filed on 10/10/2018 and assigned
document number L18000240047
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 that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
MEMBER MEETING OF DISSOLUTION
MEMBER MEETING OF DISSOLUTION
MEMBER MEETING OF DISSOLUTION
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

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

DANIEL M. CASEL

Printed Name

FILING FEE: \$25.00