## 11900000 1302

(Red	questor's Name)					
(Add	iress)					
(Add	iress)	<u> </u>				
(City	//State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Doc	cument Number)					
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





800329124718

05/10/19--01015--025 \*\*25.00



O SIMMONS **UNV** 22 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DENTAL SMILE M	
(Name of Lim	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Andres Siso (Contact Person)	····
(Contact Person)	
A25 LLC (Firm/Company)	
(Firm/Company)	
5943 SW 62nd St	
(Address)	
South Miami, FL 33143	
(City/State and Zip Code)	
For further information concerning this matter	er. please call:
Andres Siso	at ( 786 ) 431,9145
(Name of Contact Person)	(Area Code.& Daytime.Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for:  \$\Pi\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



## FEORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER ÉROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605:0216; Florida Statutes)

of State is: _	DENTAL	smile	MNA	FEMEUT	uc	
2. The Florida o	locument/regi	stration nun	nber assigne	ed to this limit	ted liability co	ompany is:
L1900	0000130	2				
3. The date this	member/man	ager withdre	ew/resigned	or will withd	raw/resign is:	03/12/2019
4.1. <u>★2s</u>	nt Name of Perso	on Resigning)		. hereby witho	lraw/resign as	; a
Authoriz	ed Repre	seutati	ive.			
	liability comp			ited liability c	ompany has b	been notified of my
1. 1 1.	·	lang Si	- ac	MER of A	20 110	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: