

120 00000 31015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

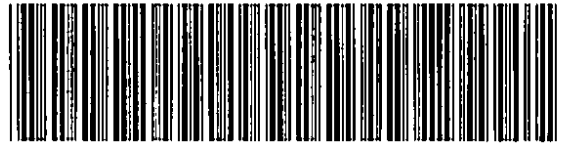
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000385970010

00.02.22-01047- 21E **55.00

2022 MAY -2 PM 11:27

76

DENTAL TOURISM CARTAGENA LLC

EIN 84-4632051

ADDRESS: 9233 SW 8TH Street, Apt 103

Boca Raton, Florida 22428

- Papers enclosed to dissolve a Florida Limited Liability Company

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dental Tourism Cartagena 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:

Carlos Lozano

(Name of Person)

Dental Tourism Cartagena LLC

(Firm/Company)

9233 SW 8th Street, Apt 103

(Address)

Boca Raton, FL 33428

(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Lozano 954 3004651

(Name of Person) 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**

1. The name of a limited liability company is

Dental Tourism Cartagena

2. The Articles of Organization were filed on EIN 84-4632051 and assigned

document number CP-575 G

3. The delayed effective date the dissolution if not effective on the date of filing: 4/26/2022
(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).

The Covig Situation lead to now business for Dental Tourism Cartagena. The high expenses , taxes and costs mad

The Covig Situation lead to now business for Dental Tourism Cartagena. The high expenses , taxes and costs mad

The Covig Situation lead to now business for Dental Tourism Cartagena. The high expenses , taxes and costs mad

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

Carlos Lozano

9233 SW 8th Street, Apt 103

Boca Raton, FL 33428

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

Carlos Lozano

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Dental Tourism Cartagena

Document number of Limited Liability Company is: EIN 84-4632051

Date of dissolution was: 04/26/2022

Description of information that must be included in a written claim:

Non profitable business.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

9233 SW 8th Street, Apt 103, Boca Raton, FL 33428

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Carlos Lozano

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 02-07-2020

Employer Identification Number:
84-4632051

Form: SS-4

Number of this notice: CP 575 G

DENTAL TOURISM CARTAGENA LLC
CARLOS LOZANO I SOLE MBR
9233 SW 8TH ST APT 103
BOCA RATON, FL 33428

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-4632051. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is DENT. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

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

1. The name of a limited liability company is

Dental Tourism Cartagena

2. The Articles of Organization were filed on EIN 84-4632051 and assigned

document number CP-575 G

3. The delayed effective date the dissolution if not effective on the date of filing: 4/26/2022

(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).

The Covig Situation lead to now business for Dental Tourism Cartagena. The high expenses , taxes and costs mad

The Covig Situation lead to now business for Dental Tourism Cartagena. The high expenses , taxes and costs mad

The Covig Situation lead to now business for Dental Tourism Cartagena. The high expenses , taxes and costs mad

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

9233 SW 8th Street, Apt 103

Boca Raton, FL 33428

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

Carlos Lozano

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Dental Tourism Cartagena

Document number of Limited Liability Company is: EIN 84-4632051

Date of dissolution was: 04/26/2022

Description of information that must be included in a written claim:

Non profitable business.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

9233 SW 8th Street, Apt 103, Boca Raton, FL 33428

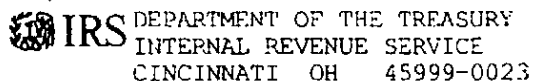
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Carlos Lozano

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00



Date of this notice: 02-07-2020

Employer Identification Number:
84-4632051

Form: SS-4

Number of this notice: CP 575 G

DENTAL TOURISM CARTAGENA LLC
CARLOS LOZANO I SOLE MBR
9233 SW 8TH ST APT 103
BOCA RATON, FL 33428

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-4632051. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is DENT. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.