

L20000039746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

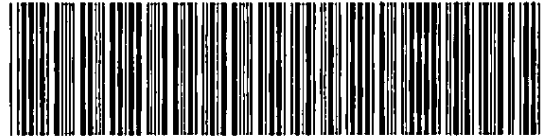
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/11/21--01020--025 **25.00

2021 MAR 15 AM 7:25
MAIL ROOM
FBI

D. BRUCE
MAY 19 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skyway Endodontics 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:

Michael Kan

(Name of Person)

Skyway Endodontics LLC

(Firm/Company)

104 21st Avenue

(Address)

St. Pete Beach, FL 33706

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Kan

(Name of Person)

727 289-2981

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

FILED
2021 MAR 15 AM 7:25
TALLAHASSEE, FL

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

1. The name of a limited liability company is
Skyway Endodontics LLC
2. The Articles of Organization were filed on February 3, 2020 and assigned
document number 120000039746
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).

Company failed to start. No business of any kind was ever transacted.

Company failed to start. No business of any kind was ever transacted.


Company failed to start. No business of any kind was ever transacted.

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

104 21st Avenue

St. Pete Beach, FL 33706

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

Michael Kan

Printed Name

FILING FEE: \$25.00

2021 MAR 15 AM 7:25
FILING UNIT
FEB 17 2021