L20 000 241 498

| (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: | | | | | |
| | | | | | |
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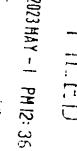
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the form and instructions to dissolve a Florida Limited Liability Company.

A limited liability company can voluntarily dissolve by filing articles of dissolution with the Division of Corporations that meet the requirements of 605.0707, Florida Statutes.

The fees are as follows:

\$25.00 Filing Fee and automatic certificate of dissolution Certified copy (optional)

Submit one check made payable to the Florida Department of State. Please include a cover letter containing your telephone number and return address. A letter of acknowledgment and certificate of dissolution will be issued after the dissolution has been filed.

Any further inquiries on this matter should be directed to the Registration Section by calling (850) 245-6051, or by writing Division of Corporations, P. O. Box 6327, Tallahassee, FL, 32314.

NOTE: THIS FORM FOR FILING ARTICLES OF DISSOLUTION IS BASIC. EACH LIMITED LIABILITY COMPANY IS A SEPARATE ENTITY AND AS SUCH HAS SPECIFIC GOALS, NEEDS, AND REQUIREMENTS. ADDITIONAL SHEETS MAY BE ATTACHED AS REQUIRED.

THE DIVISION OF CORPORATIONS RECOMMENDS THAT ALL DOCUMENTS BE REVIEWED BY YOUR LEGAL COUNSEL. THE DIVISION IS A FILING AGENCY AND AS SUCH DOES NOT RENDER ANY LEGAL, ACCOUNTING, OR TAX ADVICE. THE PROFESSIONAL ADVICE OF YOUR LEGAL COUNSEL TO ASCERTAIN EXACT COMPLIANCE WITH ALL STATUTORY REQUIREMENTS IS STRONGLY RECOMMENDED.

605,0707 Articles of dissolution; filing of articles of dissolution.—

- (1) Upon the occurrence of an event described in s. 605.0701(1)-(3), the limited liability company shall deliver for filing articles of dissolution as provided in this section.
- (2) The articles of dissolution must state the following:
 - (a) The name of the limited liability company.

and

- (b) The delayed effective date of the limited liability company's dissolution if the dissolution is not to be effective on the date the articles of dissolution are filed by the department.
- (c) The occurrence that resulted in the limited liability company's dissolution.
- (d) If there are no members, the name, address, and signature of the person appointed in accordance with this subsection to wind up the company.
- (3) The articles of dissolution of the limited liability company shall be delivered to the department. If the department finds that the articles of dissolution conform to law, it shall, when all fees have been paid as prescribed in this chapter, file the articles of dissolution issue a certificate of dissolution.
- (4) Upon the filing of the articles of dissolution, the limited liability company shall cease conducting its business and shall continue solely for the purpose of winding up its affairs in accordance with s. 605.0709, except for the purpose of lawsuits, other proceedings, and appropriate action as provided in this chapter.

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: DONNA MANSOUR DDS, 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: | | | | | | | |
| | | | | | | | | |
| JERE A BERKEY | | | | | | | | |
| (Name of Person) | | | | | | | | |
| JERE A BERKEY CPA | | | | | | | | |
| (Firm/Company) | | | | | | | | |
| # 106 | | | | | | | | |
| (Address) | | | | | | | | |
| Sarasota FL 34231 | | | | | | | | |
| (City/State a | nd Zip Code) | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | | |
| JERE A BERKEY | at (9419246563) | | | | | | | |
| (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 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 DONNA MANSOUR LLC | y company is | | | | | | |
|----------|--|--|----------------------------|-----------------------|---------------|--|--|--|
| 2. | The Articles of Organization | were filed on <u>08/10/202</u> | 0 | and assigned | | | | |
| | document number L20000241 | 498 | _ | | | | | |
| 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). THE DISSOLUTION WAS THE RESULT OF THE SOLE SHARHOLDER OBTAINING OTHER EMPLOYMENT | | | | | | | |
| | THE DISSOLUTION WAS THE | 2 RESULT OF THE SUL | E STARTOEDER OBTAIN | | | | | |
| | | 4 | | | | | | |
| | | | | | _ | | | |
| 5. | If there are no members, enter activities and affairs: | r the name and address JERE A BERKEY CPA | of the person appointed to | o wind up the company | | | | |
| | activities and arrairs. | 5420 EAGLES POINT CIRCLE # 106 | | | | | | |
| | | SARASOTA, FL 34231 | | S 202 | | | | |
| | | REGISTERED AGENT | FOR THE COMPANY | 3 #A | | | | |
| 6. ab | Signature of an authorized peoove to wind up the company's | rson or if there are no ractivities and affairs: | nembers, the signature of | | 1 | | | |
| _ | Vent Isl | | JERE A BERKEY | PM IZ: 38 | | | | |
| = | Signature | | Printed | Name | | | | |
| | | t ku inc s | FF- \$25.00 | | | | | |