

L23 000 260 159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

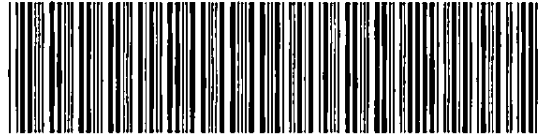
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUL -5 PM 3:05
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07/05/23--01005--025--50.00

RECEIVED
2023 JUL -5 PM 2:45
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 360 smile design
(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:

Luis A. Gueron Mosquera
(Name of Person)

(Firm/Company)

3308 caston Arms Dr. Bldg 53 Apt B
(Address)

Tampa FL 33614
(City/State and Zip Code)

For further information concerning this matter, please call:

(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

360 smile design

2. The Articles of Organization were filed on 05/26/23 and assigned

document number L23000260159

3. The delayed effective date the dissolution if not effective on the date of filing: 05/26/23
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

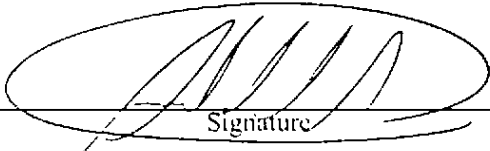
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

close business

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

Luis A. Guerrero Mosquera
Printed Name

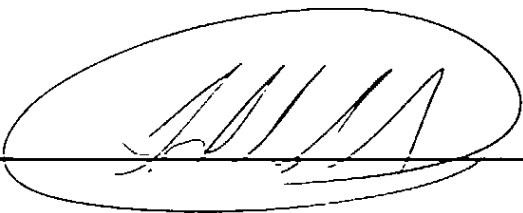
FILING FEE: \$25.00

2023 JUL -5 PM 3:05

FILED

NAME RELEASE

I, Luis A. Guevara Mosquera WILL NOT
REINSTATE NOR REVOKE THE DISSOLUTION OF
360 Smile Design
DOCUMENT NUMBER L23000260159
AND I RELEASE THE NAME FOR USE BY
ANOTHER ENTITY.



A handwritten signature, appearing to be "Luis A. Guevara Mosquera", is enclosed within an oval. A horizontal line is drawn across the bottom of the oval.