

L23000306590

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

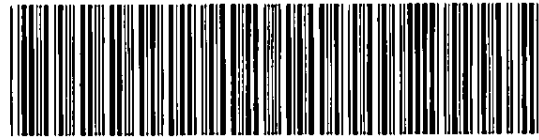
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900441634689

FILED

2024 DEC 27 AM 10:52

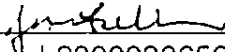
CLERK OF STATE  
TALLAHASSEE, FL

2024 DEC 27 AM 10:56

AB

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$25.00

Authorization Signature   
Endodontic Sedation Center, LLC L23000306590  
Business #Document

Walk in \_\_\_\_\_ Will wait \_\_\_\_\_

\_\_\_\_\_ Certified Copies of the Articles of Organization  
\_\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_\_ Profit  
\_\_\_\_\_ Not for Profit  
\_\_\_\_\_ LLC  
\_\_\_\_\_ Domestication  
\_\_\_\_\_ INC  
\_\_\_\_\_ CORP  
\_\_\_\_\_ OTHER

**AMENDMENTS**

\_\_\_\_\_ Amendment  
\_\_\_\_\_ Resignation of R.A.  
\_\_\_\_\_ Change of Registered Agent  
\_\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_\_ Conversion  
\_\_\_\_\_ Statement of Authority  
\_\_\_\_\_ X Merger  
\_\_\_\_\_ Amended and Restated Articles

**OTHER FILINGS**

\_\_\_\_\_ Annual Report  
\_\_\_\_\_ Fictitious Name  
\_\_\_\_\_ Statement of Authority  
\_\_\_\_\_ APOSTIL \_\_\_\_\_

**COUNTRY**

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_\_ Foreign Filing  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Reinstatement  
\_\_\_\_\_ Statement of CORRECTION  
\_\_\_\_\_ Domestication of a Foreign Corp.  
\_\_\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Endodontic Sedation Center, 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:

Phil A. D'Aniello

\_\_\_\_\_  
(Name of Person)

Fassett, Anthony & Taylor, PA

\_\_\_\_\_  
(Firm/Company)

1325 West Colonial Dr

\_\_\_\_\_  
(Address)

Orlando, FL 32804

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Phil A. D'Aniello

\_\_\_\_\_  
(Name of Person)

407

489-5766

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

Endodontic Sedation Center, LLC

2. The Articles of Organization were filed on June 26, 2023

document number L23000306590

3. The delayed effective date the dissolution is not effective on the date of filing: 12/23/2024  
(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).

Members agreed to dissolve

Members agreed to dissolve

Members agreed to dissolve

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

Mark T. Dreyer

Printed Name

**FILING FEE: \$25.00**

**FILED**

2024 DEC 27 AM 10:53

CLERK OF STATE  
TALLAHASSEE, FL

## 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: Endodontic Sedation Center, LLC

Document number of Limited Liability Company is: 1.23000306590

Date of dissolution was: 12/23/2024

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

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

15502 Stoncybrook West Parkway Suite 126

Winter Garden, FL 34787


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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.

Mark T. Dreyer

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**