166445

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SECRETARY OF STATE

Dissolution

T BROWN APR 1 2 2005

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: E.R. Dental Lab, Inc.
DOCUMENT NUMBER: 166445
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edilma Reuchling (Name of Person)
(Name of Firm/Company)
217 Easter Way NE (Address)
Lake Placid FL 33852 (City/State/and Zip Code)
For further information concerning this matter, please call:
Edilma Ruehling at (863) 699-6174 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\text{\subseteq}\$\$ \$\text
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Division of Corporations 409 F. Gaines Street

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	E.R. Dental Lab, Inc.
SECOND:	The document number of the corporation (if known): L66445
THIRD:	The date dissolution was authorized: \2 31 04
-	Effective date of dissolution if applicable: 12/31/04 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by of the shareholders through voting groups.
	following statement must be separately provided for each voting group entitled to vote arately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	the shareholders (voting group)
	Signed this 29 day of Masels, 2005.
	Signature: Officer - if directors or officer have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	(Typed or printed name of person signing)

Filing Fee: \$35