

MD8000004668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

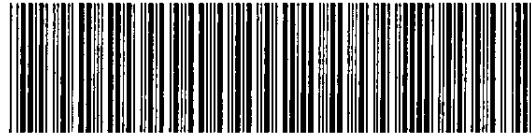
Special Instructions to Filing Officer:

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MAR 31 2011

EXAMINER

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03/02/11--01008--006 **25.00

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11 MAR 30 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KARPA DENTAL BROKERAGE 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:

WILLIAM KARPA
(Name of Person)

KARPA DENTAL BROKERAGE
(Firm/Company)

17056 PORTA VECCHIO WAY #101
(Address)

NAPLES FLORIDA 34110
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM P. KARPA at (301) 233-1814
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> 30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2011

WILLIAM KARPA
17056 PORTA VECCHIO WAY #101
NAPLES, FL 34110

SUBJECT: KARPA DENTAL BROKERAGE, LLC
Ref. Number: M08000004668

We have received your document for KARPA DENTAL BROKERAGE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 411A00005331

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA

Karpa Dental Brokerage LLC
(Name of limited liability company)

Maryland

(Jurisdiction of its organization)

MO8000004628

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

12535 Ansin Circle Drive
(Mailing address)

Potomac, Maryland 20854
(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

William P. Karpa

(Signature of member or authorized representative of a member)

WILLIAM P. KARPA DDS

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
11 MAR 30 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA