

M12000000 2719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

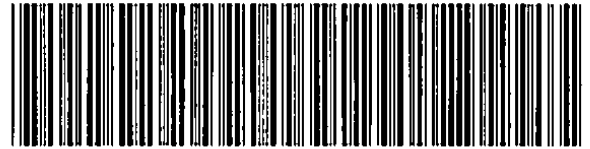
(Business Entity Name)

(Document Number)

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2019 JUL 22 AM 10:30

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C. GOLDEN

JUL 30 2019

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Clermont Endodontic Management, L.L.C.  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mona K. Jones

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

Heartland Dental, LLC

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

1200 Network Centre Drive

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

Effingham, IL 62401

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

For further information concerning this matter, please call:

Mona K. Jones

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

217

540-8595

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Clermont Endodontic Management, L.L.C.

\_\_\_\_\_  
(Name of limited liability company)

Illinois

\_\_\_\_\_  
(Jurisdiction of its organization)

May 15, 2012

\_\_\_\_\_  
(Date registered with Florida Department of State)

M12000002719

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

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 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.

Patrick Bauer  
Patrick Bauer (Jul 5, 2019)

\_\_\_\_\_  
(Signature of authorized representative)

Patrick Bauer, Manager

\_\_\_\_\_  
(Typed or printed name of signee)

Filing Fee: \$25.00

2019 JUN 22 AM 10:30

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