

12/14/2016



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)288-0845

**LLC DISSOLUTION OR WITHDRAWAL  
DENTAL PRACTICE GROUP OF TENNESSEE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

16 DEC 14 AM 8:34

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEC 16 2016

S. YOUNG

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dental Practice Group of Tennessee LLC  
(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:

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

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

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

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

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person)      81 (\_\_\_\_\_)      \_\_\_\_\_  
(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

16 DEC 14 AM 8:34  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# **NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Dental Practice Group of Tennessee LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

2/6/2014

(Date registered with Florida Department of State)

M14000000853

(Florida Document Number)

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



(Signature of authorized representative)

Todd E. Christie (MGRM)

(Typed or printed name of signee)

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
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**Filing Fee: \$25.00**