

M16000001258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

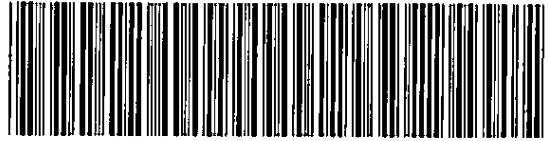
(Business Entity Name)

(Document Number)

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2021 JUL 30 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 JUL 30 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 933378 7312074

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : July 28, 2021

ORDER TIME : 10:37 AM

ORDER NO. : 933378-045

CUSTOMER NO: 7312074

FOREIGN FILINGS

NAME: M GUIDE DENTAL LABORATORY
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M Guide Dental Laboratory 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:

Pat Ballantyne

(Name of Person)

DENTSPLY SIRONA Inc.

(Firm/Company)

221 W. Philadelphia St., Ste. 60W,

(Address)

York, PA 17401

(City/State and Zip Code)

For further information concerning this matter, please call:

Pat Ballantyne

(Name of Person)

828

246-8351

at ()

(Area Code & Daytime Telephone Number)

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

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

M Guide Dental Laboratory LLC

(Name of limited liability company)

New Jersey

(Jurisdiction of its organization)

02/15/2016

(Date registered with Florida Department of State)

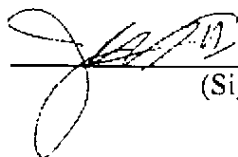
M16000001258

(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.



(Signature of authorized representative)

Justin H. McCarthy II

(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00