0000069073 Requester's Name Pollard P.O. Box 1041 Wewahitchka, Fl. Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) **600004495486**---07/25/01--01058--011 *****25.00 *****25.00 (Corporation Name) (Document #) 600004495486---09/17/01---01001---026 (Corporation Name) (Document #) *****10.00 *****10.00 Certified Copy Pick up time Walk in Photocopy Mail out ₩ill wait Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Direct Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/OUALIFICATION Annual Report ☐ Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

S. PAYNE SEP 17 2001

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 30, 2001

Tonya G.S. Pollard P.O. Box 1041 Wewahitchka, FL 32465

SUBJECT: TONYA G.S. POLLARD, DDS, P.A.

Ref. Number: P00000069073

We have received your document for TONYA G.S. POLLARD, DDS, P.A. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted is a dissolution document for a Florida limited liability company. As the subject corporation is a Florida profit corporation, enclosed are the correct guidelines. Please also return an additional fee of \$10 as the fee to dissolve the subject corporation is \$35.

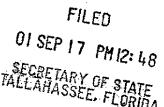
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 001A00044026

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 is: Fonya G. S. Polland, DDS, PA.	
SECOND:	The date dissolution was authorized: 7-22-01	er - ar - ar - ar
THIRD:	Adoption of Dissolution (CHECK ONE)	
Diss was	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.	·
Diss	solution was approved by vote of the shareholders through voting groups.	
	The following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:	
The	number of votes cast for dissolution was sufficient for approval by	
******	Janua J. S. Pollard (voting group)	·
Sign	ted this 24 day of Aus_{22} , $200/$.	
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)	
	Tonya Pollard (Typed or printed name)	
	Incorporator (Title)	