

PO 1000069126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

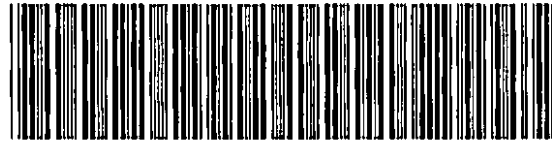
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED
2018 FEB 26 PM 4:23

C. GOLDEN

FEB 26 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of a Corporation

DOCUMENT NUMBER: PO1000069126

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arthur W. Headlee
(Name of Contact Person)

Gold Coast Dental, Inc.
(Firm/Company)

2222 SE MidTown Rd.
(Address)

Port St. Lucie, FL 34952
(City/State and Zip Code)

For further information concerning this matter, please call:

Judith A. Headlee at (772) 579-6090
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Pd.
✓ # 154
11/30/18

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

January 31, 2018

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

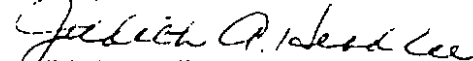
REF: Dissolution of a Florida Limited Liability Company
GOLD COAST DENTAL, INC.
P01000069126

Enclosed are the Articles of Dissolution for a Limited Liability Company.

Arthur W. Headlee, owner, retired 5/1/2017 and no longer operates as Gold Cost Dental.

Enclosed also is a check for \$55.00 which includes the \$25.00 filing fee plus the fee for an additional certified copy.

Thank you,



Judith A. Headlee
Secretary

GOLD COAST DENTAL, INC.
Arthur W. Headlee, President
2222 SE Midtown Road
Port St. Lucie, FL 34952

(772) 579-6090



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2018

ARTHUR W. HEADLEE
2222 SE MIDTOWN ROAD
PORT ST. LUCIE, FL 34952

SUBJECT: GOLD COAST DENTAL, INC.
Ref. Number: P01000069126

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 318A00002883

RECEIVED
18 FEB 26 PM 2:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED
2018 FEB 23 PM 4:23

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Gold Coast Dental, Inc.

SECOND: The document number of the corporation (if known): PO1000069126

THIRD: The date dissolution was authorized: 5/1/2017

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

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.

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

President, Secretary, Treasurer
(voting group)

Signature: Arthur W. Headlee

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Arthur W. Headlee
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Gold Coast Dental, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

No claims

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Arthur W. Headlee
Printed Name of the Person Filing

Arthur W. Headlee
Signature of the Person Filing